

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	/
FILE	/
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	/
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND **RECEIVED**
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
MAR 17 1982
O. C. D.
ARTESIA, OFFICE

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator L. RAY DUNWOODY	
Address 2500 Fondren, Suite 110, Houston, Texas 77063	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE				
Lease Name InterNorth State	Well No. 1	Pool Name, including Formation Und. - Abo	Kind of Lease State, Federal or Fee State	Lease No. L-5096
Location				
Unit Letter <u>F</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>32</u> Township <u>18</u> Range <u>23</u> , NMPM, <u>Eddy</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Natural Gas Pipeline Co of America	P. O. Box 283, Houston, Texas 77001
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	Yes February 25, 1982

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded December 12, 1980	Date Compl. Ready to Prod. Pulled July 22, 1981 bomb	Total Depth 7750'	P.B.T.D. 5650'
Elevations (DF, RKB, RT, GR, etc.) 4001' G.L.	Name of Producing Formation Abo	Top Oil/Gas Pay 4437'	Tubing Depth 4395'
Perforations 4437' to 4474'			Depth Casing Shoe 5885'

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	251'	300 sx ; circulated
12 1/4"	8 5/8"	1600'	1525 sx ; circulated
7 7/8"	4 1/2"	5885'	1000 sx ; TOC 3632'
CIBP at 5700' w/35 sx	2 3/8"	4395'	

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL			
Actual Prod. Test-MCF/D 264	Length of Test 4	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pilot, back pr.) Back pr	Tubing Pressure (Shut-in) 876-688	Casing Pressure (Shut-in) 1004-792	Choke Size 1/16 - 5/32

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

[Signature]
(Signature)

Agent _____
(Title)

8 March 1982
(Date)

OIL CONSERVATION COMMISSION
MAR 22 1982

APPROVED _____ 19____

BY W. A. Gussitt
SUPERVISOR, DISTRICT II

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

File

RECEIVED

MAR - 1 1982

O. C. D.
ARTESIA, OFFICE

OIL CONSERVATION COMMISSION
PETROLEUM BUILDING
324 W. MAIN
ARTESIA, NEW MEXICO 88210

NOTICE OF GAS CONNECTION

DATE: 2-26-82

This is to notify the Oil Conservation Commission that connection
for the purchase of gas from the L. E. Runnells ✓
~~Standard Resources~~
Operator

Internorth State, #1, Sec 32, T18S, R23E
Lease Well & Unit S.T.R.

Undesignated ABO, Natural Gas Pipeline Company of America
Pool Name of Purchaser

was made on 2-25-82.

Natural Gas Pipeline Company
Purchaser

G. F. Van Zandt G. F. Van Zandt
Representative

Measurement Engineer
Title

cc: To Operator
Oil Conservation Commission

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

RECEIVED
MAR 17 1982

Form 1
Supersedees 10-1-77
Effective 1-1-78

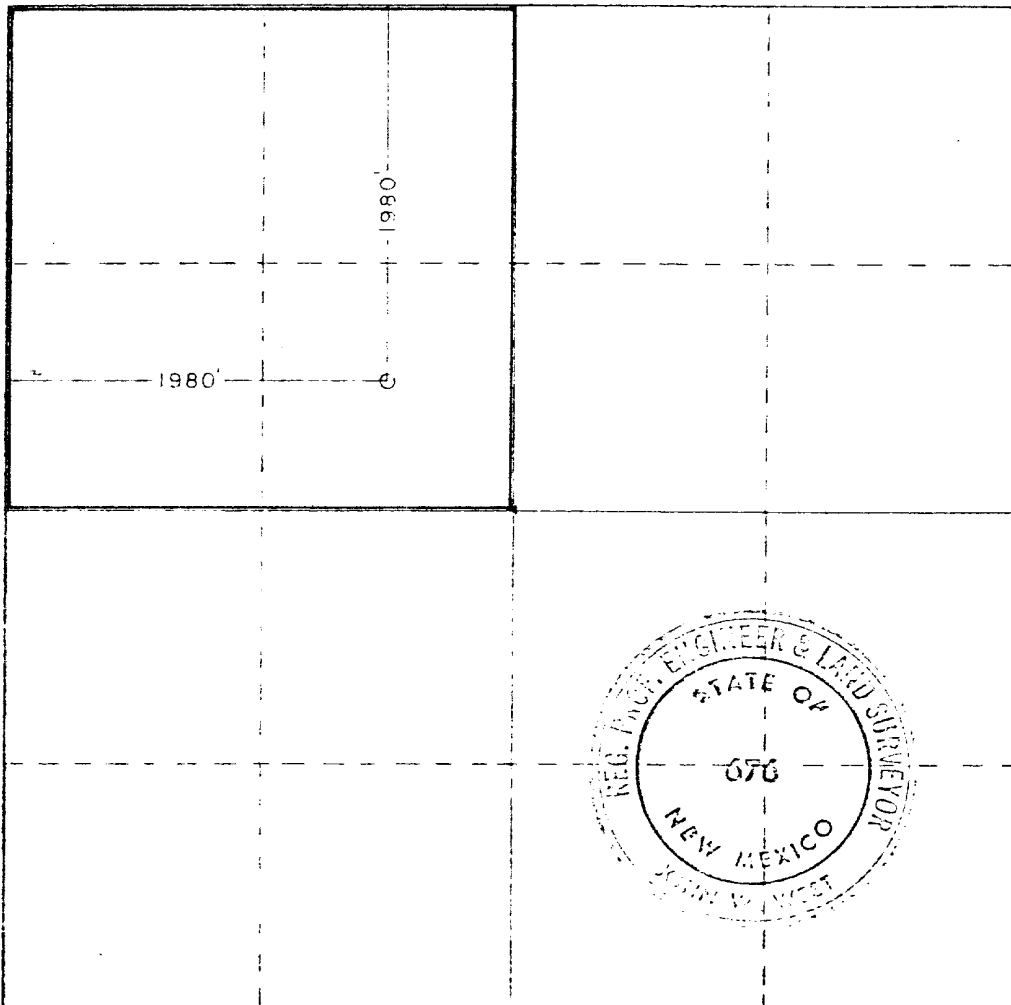
All distances must be from the outer boundaries of the Section.

L. RAY DUNWOODY		Internorth State		O. C. D.	1
F	32	18S	23E	ARTESIA, OFFICE	
1980		North		1980	
4001' G.L.		Abo		Und.	
160		West		160	

- Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
Only one lease involved.
- If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?
☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Bill D. Baker

Bill D. Baker

Agent

L. RAY DUNWOODY

8 March 1982

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed December 8, 1980

Registered by John W. West, Jr.
and/or Land Surveyor

John W. West, Jr.

Certificate No. JOHN W. WEST 676
PATRICK A. ROMERO 6888
Ronald J. Eidson 3239

330 300 270 240 210 180 150 120 90 60 30 0 300 600 900 1200 1500 1800 2100 2400 2700 3000