

5-MNOCC

1-Shell

1-File

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104

Supersedes Old C-104 and C-110

Effective 1-1-65

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SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	2
PRORATION OFFICE	

I.

Change of operator
from

Operator	Dr. Sam G. Dunn	to	Dr. Sam G. Dunn
Address	1312 Main Street, Lubbock, Texas		Sam G. Dunn Oil Operations Box 3095 Lubbock, Texas 79410
Reason(s) for filing (Check proper box)			
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name
and address of previous owner

Socony Mobil Oil Co., Inc., P.O. Box 3371, Durango, Colorado

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Jicarilla	Lease No.		Well No.	9	Pool Name, Including Formation	Boulder Mancos	Kind of Lease	Federal
	Boulder		Contract #241						State, Federal or Fee (Indian)
Location									
Unit Letter	O		730	Feet From The	South	Line and	2260	Feet From The	East
Line of Section	14	Township	28N	Range	1W			NMPM,	Rio Arriba
									County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Shell Oil Company	705 Municipal Dr., Farmington, N.M.					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	14	28N	1W	No	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

V. 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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Dist. size

VI. 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.

ORIGINAL SIGNED BY
LEWIS C. JAMESON

(Signature)

Agent

(Title)

April 1, 1966

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 7 1966, 19

BY Original Signed Emery C. Arnold

TITLE Supervisor Dist. # 3

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.