				_ :		^	
NO. OF COPIES RECEIVED							
DISTRIBUTION		NEW MEXICO OIL	CONSERVATION	COMMISSION	Form C 104		
SANTA FE			FOR ALLOWAE		Form C-104 Supersedes Ole	l C-104 and C-1	
FILE			AND			Effective 1-1-65	
U.S.G.S.	AUTHOR	RIZATION TO TR	RANSPORT OIL AND NATURAL GAS				
LAND OFFICE	7+	Change o	f operator	· group grane or			
TRANSPORTER GAS	<u>'</u>	f	rom	RE	PEIVED	CEIVED	
OPERATOR 2		Dr. Sar	n G. Dunn				
PRORATION OFFICE		Com C To	to	£.	AR 6 1967		
Operator		Dam G. Dunn (- Uporations		170 170 170 1	(0 1201	
Box		3095		Party Code	i page		
Address		TRODUCK, 1	exas 79410		TESTA, DEFICE	······································	
P. O. Box 192, Ar	tesia. New Mexi	co FEB 1	6 1968				
Reason(s) for filing (Check prop	er box)			Please explain)			
New Well	Change in 7	Transporter of:			•		
Recompletion	Oil	Dry G	ias 🔲	From 7	mc 14 ood (iosp	
Change in Ownership	Casinghead	Gas Conde	ensate	EFFECTIVE MAI	RCH 1, 1967	•	
If change of ownership give n and address of previous owne							
II. DESCRIPTION OF WELL Lease Name		ool Name, Including 1	Formation	Kind of Lease		I agas No	
State A	1	Acme San	_	State, Federal	-	Lease No.	
Location		Acme 340	Vimites.		or Fee State	B 8638	
Unit Letter;;	660 Feet From	The North Li	ne and 1980	Feet From T	he Bast		
Line of Section 7	Township 88	Range	27E , 1	NMPM,	Chaves	County	
II. DESIGNATION OF TRANS	PORTER OF OIL A	ND NATURAL G					
Name of Authorized Transporter	of Oil 🔣 or Con	densate 🗀			ed copy of this form is to	be sent)	
THE PERMIAN COR			P. O. B	OX 3119, MIDL	AND, TEXAS 7	9701	
Name of Authorized Transporter	of Casinghead Gas	or Dry Gas	Address (Give add	ress to which approve	ed copy of this form is to	be sent	
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	Is gas actually co	nnected? Wher	1		
give location of tanks.		8S 271	R No				
If this production is commingl	ed with that from any	other lease or pool,	give commingling	order number:			
V. COMPLETION DATA	1011	Well Gas Well	New Well Works	over Deepen	Plug Back Same Res	v. Diff. Res'v.	
Designate Type of Com			Trow work	J Beepen I	Frug Duck Suite Nes	. Dill. Res.v.	
Date Spudded	Date Compl. Rea	idy to Prod.	Total Depth	i	P.B.T.D.	<u> </u>	
Elevations (DF, RKB, RT, GR,	etc.; Name of Product	ng Formation	Top Oil/Gas Pay		Tubing Depth		
Perforations					Depth Casing Shoe		
			•				
	TU	BING, CASING, AN	D CEMENTING RE	CORD			
HOLE SIZE				DEPTH SET		ENT	
			<u> </u>				
V. TEST DATA AND REQUES	ST FOR ALLOWABI		ifter recovery of total epth or be for full 24		nd must be equal to or ex	ceed top allow	
OIL WELL					200		
Date First New Oil Run 10 Tuns	Date 01 1081	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.	Oil-Bbls.		Water - Bbls.		Gas-MCF	
<u> </u>			1				
GAS WELL							
Actual Prod. Test-MCF/D	Length of Test		Bbls. Condensate/MMCF Gra		Gravity of Condensate	vity of Condensate	
						-	
Testing Method (pitot, back pr.)	Tubing Pressure	(Shut-in)	Casing Pressure (Shut-in) Cha		Choke Size	oke Size	
I. CERTIFICATE OF COMPI	CERTIFICATE OF COMPLIANCE			IL CONSERVAT	TON COMMISSION		
				ARRE W	10.07		
I hereby certify that the rules	APPROVED_		130/	9			
Commission have been complabove is true and complete t	BY W. a. Gressett						
	Deat of my kno	or my amoratedge and Dentel.					
	TITLE OIL AND GAS INSPECTOR						

(Title)

2 -(Date)

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.

				-				
	NO. OF COPIES RECEIVED							
	DISTRIBUTION	NEW MEXIC	00 OIL C	CONSERVATION COMMISSION	Form C-104			
	SANTA FE			FOR ALLOWABLE	Supersedes Old C-104 and C-1			
	U.S.G.S.	ALITHODIZATION	TO TO	AND	Effective 1-1-65			
	LAND OFFICE	AUTHORIZATION	TO TRA	ANSPORT OIL AND NATURA	Į.			
	TRANSPORTER OIL			T	ECEIVED			
	GAS							
	OPERATOR 3			•	NOV 1 8 1965			
I.	PRORATION OFFICE Operator	<u> </u>		111	MOA LO 1997			
	DR. SAM G	. DUNN			D. C. C.			
	Address			· · · · · · · · · · · · · · · · · · ·	ARTSBIA, DEFICE			
	Box 192	Artesia, N.M.						
	Reason(s) for filing (Check proper bo	Change in Transporter of	.	Other (Please explain)				
	Recompletion	Oil	Dry Ga	s				
	Change in Ownership	Casinghead Gas	Conden					
	If change of ownership give name and address of previous owner	SHELI	OIL	COMPANY , PO 63	ex 1509, midland			
II.	DESCRIPTION OF WELL AND		Theol No.	me, Including Formation	- Schar 79700			
	State A	Ledse No. Well No.	1	San Andres	Kind of Lease B 8638 State, Federal or Fee State			
		660 Feet From The Nort	h Lin	e and 1980 Feet Fr	om The East.			
	Line of Section 7 To	ownship 8 S R	ange		Chaves. County			
II.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATU	RAL GA	S .				
	McWood Corporati			Address (Give address to which ap	oproved copy of this form is to be sent)			
	Name of Authorized Transporter of C		s	Address (Give address to which ap	proved copy of this form is to be sent)			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. B 7 8 8	Rge. 27 E	Is gas actually connected?	When			
	If this production is commingled w COMPLETION DATA	ith that from any other lease	or pool,	give commingling order number:				
	Designate Type of Completi		rs 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	Derforations			Depth Casing Shoe			
	Depth Casing Shoe							
		TUBING, CASI	CEMENTING RECORD					
	HOLESIZE	· · · · · · · · · · · · · · · · · · ·			SACKS CEMENT			
	·							
v.	TEST DATA AND REQUEST F	FOR ALLOWABLE (Test			oil and must be equal to or exceed top allou			
	OIL WELL Date First New Oil Bun To Tanks	able fo	pth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)					
į			ļ					
	Length of Test	Tubing Pressure		Casing Pressure	Choke Size			
	Latinal Book Bursts Bursts	OIL Bhi-		Water Dhi-	Gen MGT			
	Actual Prod. During Test	Oil-Bbls.		Water-Bbls.	Gas - MCF			
•	GAS WELL							
	Actual Prod. Test-MCF/D	Length of Test		Bbls. Condensate/MMCF	Gravity of Condensate			
	Tanka Maka dalah 1	Toking December		Cardina December 1	Challe Stee			
	resting Method (pitot, back pr.)	esting Method (pitot, back pr.) Tubing Pressure		Casing Pressure	Choke Size			
VI.	CERTIFICATE OF COMPLIANCE			OIL CONSERVATION COMMISSION				
	I hereby certify that the rules and			APPROVED NOV 18				
	Commission have been complied above is true and complete to the	with and that the information e best of my knowledge and	n given belief.	BY W. a. Gressett				
	-	_	TITLE BOT DESCRIPTION DESCRIPTION					
			-	TITLE TO SEE BEEN MANAGERO WITH THE TANK				
	Thelma Hall Paton				This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened			
	Shikma Hall Talon (Sign	nature)		well, this form must be accompanied by a tabulation of the deviation				
		ent_	tests taken on the well in accordance with RULE 111.					

(Signature) Agent.

(Title)

11-17-1965

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.

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