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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

OCT 20 1965

ARTESIA, OFFICE

Operator		DR SAM G. DUNN	
Address		P.O. Box 192 Artesia, N.M.	
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"/>
Change in Ownership	<input 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

Lease Name		Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease
Pendergrass			2	Linda San Andres	Fee
Location					
Unit Letter	E	1665	Feet From The	north	Line and
		1665			990
Line of Section	4	Township	7 S	Range	26-E
				NMPM,	Chaves
					County

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)	
McWood Corporation					Box 330 Abilene, Texas	
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
	E	4	7	25	NO	

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

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.			
10-16-1964		4-26-1965		1065		1064			
Elevations (D.P., RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3603 90		Slaughter San Andres		1010		1030			
Perforations						Depth Casing Shoe			
1010 -1026		1030-34				1064			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"		3 5/8		70		100			
6 3/4		4 1/4		1064		250			
		2 3/8		1030					

Date First New Oil Run To Tanks		Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
4-26-1965		4-26-1965	Pump	
Length of Test	24	Tubing Pressure	Casing Pressure	Choke Size
				2 1/2"
Actual Prod. During Test		Oil - Bbls.	Water - Bbls.	Gas - MCF
		6	24	three

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

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED OCT 21 1965	
		BY M. L. Armstrong	
		TITLE OIL AND GAS INSPECTOR	
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.			
Signature: [Signature]			
(Signature)			
Agent: [Signature]			
(Title)			
10-18-1965			
(Date)			