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# NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

(Form C-104)  
Revised 7/1/57

## REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well  
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

**Artesia, New Mexico**

**July 26, 1964**

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

**Dr. Sam G. Dunn**

**Dale Fed.**

Well No. **1**, in **NE**  $\frac{1}{4}$  **SE**  $\frac{1}{4}$ ,

(Company or Operator)

(Lease)

**I**, Sec. **26**, T. **7S**, R. **26E**, NMPM, **Pecos San Andres** Pool

Unit Letter

**Chaves**

County. Date Spudded **10-31-63** Date Drilling Completed **11-30-63**

Elevation **NA** Total Depth **1545** PBDT **1540**

Top Oil/Gas Pay **1498** Name of Prod. Form. **Slaughter San Andres**

### PRODUCING INTERVAL -

Perforations **1498-1516 & 1520-1530 with 2 shots perft.**

Open Hole Depth **1540** Casing Shoe Depth **1506** Tubing

### OIL WELL TEST -

Natural Prod. Test: **None** bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Size \_\_\_\_\_ Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): **12** bbls. oil, **20** bbls water in **24** hrs, \_\_\_\_\_ min. Size **pump**

### GAS WELL TEST -

Natural Prod. Test: **TSTM** MCF/Day; Hours flowed \_\_\_\_\_ Choke Size \_\_\_\_\_

Method of Testing (pitot, back pressure, etc.): \_\_\_\_\_

Test After Acid or Fracture Treatment: **TSTM** MCF/Day; Hours flowed \_\_\_\_\_

Choke Size \_\_\_\_\_ Method of Testing: \_\_\_\_\_

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **1000 gal. 15% acid water, 15000 gal. acidwater 7 1/2% & 7000# 20-40 sand**

Casing Press. **None** Tubing Press. **None** Date first new oil run to tanks **July 12, 1964**

Oil Transporter **McWood Corporation**

Gas Transporter \_\_\_\_\_

**330/E 2310/S**  
(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8	190	100
4-1/2	1545	285
2	1506	

Remarks:

**JUL 31 1964**

**O. C. C.**  
**ARTESIA, OFFICE**

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved **JUL 31 1964**, 19\_\_\_\_

**Dr. Sam G. Dunn**

(Company or Operator)

By: **Pat Thompson**

(Signature)

Title **Agent**

Send Communications regarding well to:

Name **Pat Thompson**

Address **Box 452, Artesia, New Mexico**

**OIL CONSERVATION COMMISSION**

By: **M. L. Armstrong**

**OIL AND GAS INSPECTOR**

Title

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NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO  
**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

FORM C-110  
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator <b>Dr. Sam G. Dunn</b>				Lease <b>Dale Fed.</b>		Well No. <b>1</b>	
Unit Letter <b>I</b>	Section <b>26</b>	Township <b>7S</b>	Range <b>26E</b>	County <b>Chaves</b>			
Pool <b>Pecos San Andres uc</b>				Kind of Lease (State, Fed, Fee) <b>Federal</b>			
If well produces oil or condensate give location of tanks			Unit Letter <b>J</b>	Section <b>26</b>	Township <b>7S</b>	Range <b>26E</b>	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <b>McWood Corporation</b>				Address (give address to which approved copy of this form is to be sent) <b>Box 330, Abilene, Texas</b>			
Is Gas Actually Connected? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>			Date Connected	Address (give address to which approved copy of this form is to be sent)			

If gas is not being sold, give reasons and also explain its present disposition:

**Vented - TSTM**

REASON(S) FOR FILING (please check proper box)

New Well ☒  
Change in Transporter (check one)  
Oil ☐ Dry Gas ☐  
Casing head gas ☐ Condensate ☐

Change in Ownership ☐  
Other (explain below)

**RECEIVED**

**JUL 31 1964**

**O. C. C.  
ARTESIA, OFFICE**

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the **26th** day of **July**, 19 **64**

OIL CONSERVATION COMMISSION

Approved by

Title

Date

By

Title

Company

Address

**ML Armstrong**  
**OIL AND GAS INSPECTOR**

**Pat Thompson**

**Agent**

**Dr. Sam G. Dunn**

**Box 452, Artesia, New Mexico**

**JUL 31 1964**