

NUMBER OF COPIES RECEIVED <u>5</u>	
DISTRIBUTION	
SANTA FE	<u>1</u>
FILE	<u>1-</u>
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	<u>1</u>
OPERATOR	<u>2</u>

**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, N. M.**

**July 26, 1964**

(Place)

(Date)

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

**Dr. Sam G. Dunn**

**Dale Federal**

Well No. 2, in NW  $\frac{1}{4}$ , SE  $\frac{1}{4}$ ,

(Company or Operator)

(Lease)

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

Unit Letter

**Chaves**

County. Date Spudded 4-9-64 Date Drilling Completed 5-6-64

Elevation 3781.6 GL Total Depth 1503 PBD 1502

Top Oil/Gas Pay 1460 Name of Prod. Form. Slaughter San Andres

**PRODUCING INTERVAL -**

Perforations 1 jet at intervals 1472-1474-1480-1482-1484

Open Hole \_\_\_\_\_ Depth \_\_\_\_\_ Casing Shoe 1502 Depth \_\_\_\_\_ Tubing 1470

**OIL WELL TEST -**

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): 20 bbls. oil, 15 bbls water in 24 hrs, \_\_\_\_\_ min. Size pump

**GAS WELL TEST -**

Natural Prod. Test: None MCF/Day; Hours flowed \_\_\_\_\_ Choke Size \_\_\_\_\_

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

Test After Acid or Fracture Treatment: \_\_\_\_\_ 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): 15000 gal. acid water

Casing Press. None Tubing Press. None Date first new oil run to tanks July 19, 1964

Oil Transporter McWood Corporation **RECEIVED**

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

**JUL 31 1964**

Remarks: \_\_\_\_\_

**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)

**Agent**

Title \_\_\_\_\_ Send Communications regarding well to:

Name Pat Thompson

Address Box 452, Artesia, New Mexico

**OIL CONSERVATION COMMISSION**

By: ML Armstrong

Oil and Gas Inspector

NUMBER OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE	1	
FILE	1	
U.S.G.S		
LAND OFFICE	1	
TRANSPORTER		
OIL		
GAS		
PRODUCTION OFFICE		
OPERATOR	2	

**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</b>		Well No. <b>2</b>	
Unit Letter <b>J</b>	Section <b>26</b>	Township <b>7S</b>	Range <b>26E</b>	County <b>Chaves</b>			
Pool <b>Pecos San Andres</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 26th day of July, 19 64.

OIL CONSERVATION COMMISSION		By
Approved by	<i>ML Armstrong</i>	<i>Pat Thompson</i>
Title		<b>Agent</b>
Title <b>OIL AND GAS INSPECTOR</b>		Company <b>Dr. Sam G. Dunn</b>
Address		<b>Box 452, Artesia, New Mexico</b>

**JUL 31 1964**