NO. OF COPIES RECEIVED

-	SANTA FE /	REQUEST F	OR ALLOWABLE AND	Supersedes Old C-104 and C-110 Effective 1-1-65							
	U.S.G.S.	AND HORKE ATION, TO TRAN									
-	LAND OFFICE	ANTHORIZATION TO TRANSPORT OIL AND NATURAL GAS									
	TRANSPORTER GAS	APR 2 7 1971									
	OPERATOR /										
1.	PRORATION OFFICE Operator	O. C. C.									
ļ	Paul Slayton 🗸	ARTESIA, OFFICE									
	905 North Lea, Roswell, New Mexico 88201										
ł	Reason(s) for filing (Check proper box) Other (Please explain)										
	New Well Recompletion	Change in Transporter of: Oil Dry Gas									
	Change in Ownership Casinghead Gas Condensate										
	If change of ownership give name Sam G. Dunn 011 Operations P.O. Box 3095, Lubbock, Texas										
	•	DACE									
11.	DESCRIPTION OF WELL AND L	Well No. Pool Name, Including For	0	cr Fee Federal LC 067							
	Bale Federal	2 Lexlie Sprin	ig San Andres Side, Foundary	rederal LC 007							
	Unit Letter ;1650	Feet From The E Line	and 2310 Feet From T	The							
	Line of Section 26 Town	nship 7S Range	26E , NMPM, Chay	res County							
	20										
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GAS or Condensate	Address (Give address to which approx	ed copy of this form is to be sent)							
	The Permian Core	oration	P.O. Box 3119, Midlar Address (Give address to which approx	nd, Texas 79701 oed copy of this form is to be sent)							
	Name of Authorized Transporter of Cast	inghedd Gds Or Dry Gds									
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	en							
	give location of tanks. J 26 7S 26E No If this production is commingled with that from any other lease or pool, give commingling order number:										
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.							
	Designate Type of Completion										
	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							
			for an annual state of season and	and must be equal to or exceed top allow							
V.	TEST DATA AND REQUEST FO	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas li								
	Date First New Oil Run To Tanks	Date of Test	Producing Method (F tow, pump, gos to	,,,, 6,,,,,							
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size							
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas - MCF							
	GAS WELL										
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate							
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size							
			OIL CONSERV	ATION COMMISSION							
VI	. CERTIFICATE OF COMPLIAN	CE	JUN 3 1971								
	O '! been complied t	regulations of the Oil Conservation with and that the information given	APPROVED, 19								
	above is true and complete to the	e best of my knowledge and belief.	BY OIL AND GAS INSPECTAR								
			111,66								
	0 1 0	On those	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened								
	Opril (Sign	nature)	well, this form must be accomp	ordance with RULE 111.							
	- Gagnt	itle)	All sections of this form must be filled out completely for allow able on new and recompleted wells.								
	april 24	1971	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								
	(D	ate)	well name or number, or transporter, of other such scheme or number, or transporter, of other such scheme or number, or transporter, or other such such scheme or number, or transporter, or other such scheme or number, or transporter, or other such such such such such such such such								

Separate Forms C-104 must be filed for each pool in multiply completed wells.

NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

	FILE /-	1				AND			2	1110 1-1-0	3
	U.S.G.S.	 	AUTHO	ORIZATION	1 TO TRA	NSPORT (OIL AND I	NATURAL	GAS		
	LAND OFFICE								RECEIVED		
	TRANSPORTER OIL / Change of og					erator			Fig. Red Co.		
	GAS				from	•					
	OPERATOR 2			Dr.	Sam G.	Dunn			1109 6 1967		
I.	PRORATION OFFICE Operator								*		
	Dr. Sam G. Dunn Sam G. Dunn Cil G										
	1312 Main, Lu	bbock,	Texas	Lubboc	k, Texa	s 7941 0	Ĺ				
	Reason(s) for filing (Check proper box) FEB 161968 Other (Please explain)										
	New Well Change in Transporter of:					CHANGE FROM MEWOOD CORPORATION					
	Recompletion		Oil	XX	Dry Gas	s 🔲					2011
	Change in Ownership	sate	EFFI	ECTIVE M	ARCH 1, 19	67					
	If change of ownership give nat and address of previous owner										
II.	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.										
	Lease Name Dale Federal		2			San And	lre s	State, Feder	al or Fee Fede :	ral	Lease No.
	Location							I			-1
	J Unit Letter ;	1650	Feet Fro	om The	EAST Line	e and 21	un.	Feet From	The SOUTH		
	Line of Section 26	Townsh	_{ip} 7S) 	Range 26E		, NMPM	, Un	aves		County
III.	DESIGNATION OF TRANSP					S			oved copy of this	- form /- 4	
	Name of Authorized Transporter of THE PERMIAN CORPO			Condensate [LAND, TEXA		9701
	Name of Authorized Transporter of			or Dry G	ias [•			ved copy of this		
	Name of Admontaged Fransporter of	o Casing	.544 045 _	_ 0. 2., 0				o wilden appro	000 0000	. ,	
		Un	it Sec	Twp.	Rge.	Is gas actua	rlly connecte	ed? Wi	ien		
	If well produces oil or liquids, give location of tanks.	1		26 75	1 -	-	•	i			
		4 141 - 41									
	If this production is commingle COMPLETION DATA	d with th	iat from ar	ly other leas	e or pool,	give commin	igiing order	number:			
- • •				Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res	'v. Diff. Res'v
	Designate Type of Comp	letion -	- (X)	į		 		į			i i
	Date Spudded	Do	te Compl. F	Ready to Prod		Total Depth			P.B.T.D.		
	Elevations (DF, RKB, RT, GR, et	ons (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
									D-45 Crain	- Char	
	Perforations							Depth Casing Shoe			
	TUBING, CASING, AND CEMENTING RECORD										
	HOLE SIZE	<u>-</u>		& TUBING		CEMENTI	DEPTH SE		SAG	CKS CEM	ENT
	HOLE SIZE		CHSING	, & 1001110	312 E		<u> </u>	- 1		<u> </u>	
						 					
v	TEST DATA AND REQUES	T FOR	ALLOWA	RLE (Tes	t must be af	ter recovery	of total volu	me of load oil	and must be eq	ual to or e	xceed top allou
٧.	OIL WELL	1 1 010	· LLLO	able	s for this de	pth or be for j	full 24 hours	·)			
	Date First New Oil Run To Tanks				Producing Method (Flow, pump, gas lift, etc.)						
	Length of Test	Tu	bing Press	ure		Casing Pres	ssure		Choke Size		
						Water - Bbls			Gas-MCF		
	Actual Prod. During Test	01	l-Bbls.			Agret - DDIR	•		GdB-MCF		
				·					1		
	CAC WITH										
	Actual Prod. Test-MCF/D		ngth of Te	st .		Bbls. Conde	ensate/MMC	F	Gravity of Co	ondensate	
	Actual Float 1001-Mol/2	-		.,							
	Testing Method (pitot, back pr.)	Tu	bing Press	ure (Shut-in	1	Casing Pres	saure (Shut	-in)	Choke Size		
			•	\-			•				
wi	CERTIFICATE OF COMPLIANCE				OII (CONSERV	ATION COM	MISSIO	N		
¥ 1.	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.				0.2	JO:10=111		141100101	•		
				APPROVED, 19				19			
				BY_W. A. Bressett							
						TITLE					
									compliance w		
	J	(Signature)			75 44	ie ie e rec	uest for allo	wahle for a ne	wiv drille	ed or deepened	
,		(Signature	ر الماري الم			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.					
1	,	01	who have			tests tak	en on the	well in acco	rdance with R	ULE 111	١.
	asur				All sections of this form must be filled out completely for allow-						

All sections of this form must be able 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.