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PRODUCTION OFFICE	
OPERATOR	

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
(Place)

Oct 26, 1964
(Date)

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

Dr. Sam G. Dunn
(Company or Operator)

Dale Fed, Well No. 4, in SE 1/4, NE 1/4,
(Lease) Undis - Leslie Spring

H, Sec. 26, T. 7, R. 26, NMPM., Barra San Andres Pool
Unit Letter

Chaves

County. Chaves Date Spudded 4-30-64 Date Drilling Completed 5-8-64
Elevation 3815.2 GR Total Depth 1543 PBTD 1540
Top Oil/Gas Pay 1490 Name of Prod. Form. Slaughter San Andres

Please indicate location:

D	C	B	A
E	F	G	H _C
L	K	J	I
M	N	O	P

PRODUCING INTERVAL -

Perforations 1490-1492-1495-1502-1503-1505
Open Hole _____ Depth _____ Casing Shoe 1540 Depth _____ Tubing 1475

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 5 bbls. oil, 2 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. 7 1/2% Acid & 7500# 20-40 Sand

Casing Press. None Tubing Press. None Date first new oil run to tanks 10-1-64

Oil Transporter McWood Corporation **RECEIVED**

Gas Transporter _____ **OCT 30 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 OCT 30 1964, 19____

Dr. Sam G. Dunn
(Company or Operator)

By: Pat Thompson
(Signature)

OIL CONSERVATION COMMISSION

By: ML Armstrong

Title Oil and Gas Inspector

Title Agent
Send Communications regarding well to:

Name _____
Address Box 452, Artesia, N.M.



NUMBER OF COPIES RECEIVED		5
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SANTA FE	FILE	1
U.S.G.S.	LAND OFFICE	
TRANSPORTER	OIL	1
PHORATION OFFICE	GAS	
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 Dr. Sam G. Dunn ✓				Lease Dale Federal		Well No. 4	
Unit Letter H	Section 26	Township 7S	Range 26E	County Chaves			
Pool Under - Andres Leslie Spring San Andres				Kind of Lease (State, Fed, Fee) Federal			
If well produces oil or condensate give location of tanks		Unit Letter J	Section 26	Township 7S	Range 26E		
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> McWood Corporation				Address (give address to which approved copy of this form is to be sent) Box 330, Abilene, Texas			
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:

TSTM - Vented

REASON(S) FOR FILING (please check proper box) New Well <input checked="" type="checkbox"/> Change in Ownership <input type="checkbox"/> Change in Transporter (check one) Other (explain below) Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casing head gas . <input type="checkbox"/> Condensate.. <input type="checkbox"/>		RECEIVED OCT 30 1964 O. C. C. ARTESIA, OFFICE
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Remarks

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

Executed this the 26th day of October, 1964.

OIL CONSERVATION COMMISSION		By
Approved by	<i>ML Armstrong</i>	<i>Pat Thompson</i>
Title		Agent
Date		Company
OCT 30 1964		Dr. Sam G. Dunn
		Address
		Box 452, Artesia, N.M.