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NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110

Ţ	FILE /-	AND				
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
	LAND OFFICE					
	TRANSPORTER OIL	Change of operator				
	OPERATOR 2	from		MAR 6 19	57	
		Dr. Sam G. Dunn		SCORES CONTRACTOR AND SECURITY OF		
I.	Operator	to		ಟ್ಕ		
	Dr. Sam G. Dunn V Sam G. Dunn Oil		Operations ARTESIA, OFFICE			
	Address Box 3095					
	1312 Main, Lubbock, Texas Lubbock, Texas 79410 Reason(s) for filing (Check proper box) FEB 1 6 1968 Other (Please explain)					
	Reason(s) for filing (Check proper box)		1			
	New We!l	Change in Transporter of:	CHANGE !	rom mewood corp. To.		
	Recompletion EFFECTIVE MARCH 1, 1967				1	
	Change in Ownership Casinghead Gas Condensate					
	If change of ownership give name					
	and address of previous owner					
**	DESCRIPTION OF WELL AND L	FASE				
11.	Lease Name	Well No. Pool Name, Including For	mation Ki	nd of Lease	Lease No.	
	Dale Federal	4 Leslie Spring	3 S. Andres St	ate, Federal or FeeFederal	LC-067811	
	Location		1.570	MOSTU		
	Unit Letter; 330 Feet From The EAST Line and 1650 Feet From The NORTH					
	26 Town	75 Bange 261	E , NMPM,	Chaves	County	
	Line of Section 20 Town	nship Range 20	i Initit-ini			
	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
111.	Name of Authorized Transporter of Oil	or Condensate	Address (Give agaress to t	which approved copy of this form is		
	THE PERMIAN CORPORATION		P. O. BOX 3119, MIDLAND, TEXAS 79701			
	Name of Authorized Transporter of Cast	inghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)			
			1)	When		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When		
	give location of tanks. J 20 75 20E NO			No		
	If this production is commingled with	h that from any other lease or pool, a	give commingling order n	umber:		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen Plug Back Same R	es'v. Diff. Res'v.	
	Designate Type of Completio	n = (X)				
	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		
			Depth Casing Shoe			
	Perforations			Depin daying bilds		
	TUBING, CASING, AND CEMENTING RECORD					
	101 5 6175	CASING & TUBING SIZE	DEPTH SET		EMENT	
	HOLE SIZE	CASING & TODING SIZE				
				i		
v	. TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a)	ter recovery of total volume	of load oil and must be equal to o	r exceed top allow-	
•	OIL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow,	pump, gas lift, etc.)		
	Date First New Oil Run To Tanks	Date of Test	Producting member (2 101)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Length of lest					
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas - MCF		
	I					
	GAS WELL		This Condended ANCE	Gravity of Condense	ıte	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of contains		
			Casing Pressure (Shut-	in) Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Caning , rosomo (caso .			
			OIL CONSERVATION COMMISSION			
V	. CERTIFICATE OF COMPLIANCE					
	the state of the s		APPROVED, 19			
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		11 a harrist			
	I hereby certify that the rules and regulations of the Off Consistency Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BYBY			
			TITLE			
			This form is to	be filed in compliance with Ru	LE 1104.	
	Len Ann		and the clients for a newly drilled or deepened			
	Sien	nature)	well, this form must be accompanied by a tabulation of the deviation			

(Title)

(Date)

tests taken on the well in accordance with RULE

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.