

NUMBER OF COPIES RECEIVED <u>5</u>	
DISTRIBUTION	
SANTA FE	<u>1</u>
FILE	<u>1</u>
U.S.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
PRODUCTION OFFICE	
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, New Mexico Oct. 26, 1964  
(Place) (Date)

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

Dr. Sam G. Dunn Dale Federal, Well No. 5 in SE 1/4 NW 1/4,  
(Company or Operator) (Lease) Unders. Leslie Spring  
F, Sec. 26, T. 7, R. 26, NMPM., San Andres Pool  
Unit Letter  
Chaves County. Date Spudded 5-5-64 Date Drilling Completed 5-30-64

Please indicate location:

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

Elevation 3779 GB Total Depth 1475 PBD 1474  
Top Oil/Gas Pay 1444 Name of Prod. Form. Slaughter San Andres

PRODUCING INTERVAL -

Perforations 1444, 1446, 1448, 1450, 1452  
Open Hole \_\_\_\_\_ Depth \_\_\_\_\_ Casing Shoe 1474 Depth \_\_\_\_\_ Tubing 1440

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 Choke  
load oil used): 2 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

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

2310 FNL/1650 FWL  
(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Size
<u>8 5/8</u>	<u>110</u>	<u>50</u>
<u>4 1/2</u>	<u>1474</u>	<u>100</u>
<u>2</u>	<u>1440</u>	

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

\_\_\_\_\_ D. 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\_\_\_\_

OIL CONSERVATION COMMISSION

By: M. L. Armstrong

Title OIL AND GAS INSPECTOR

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, N.M.

OCT 30 1964

RECEIVED

NUMBER OF COPIES RECEIVED <b>5</b>	
DISTRIBUTION	
SANTA FE	<b>1</b>
FILE	<b>1</b>
U.S.G.S.	
LAND OFFICE	<b>1</b>
TRANSPORTER	<b>1</b>
OPERATION OFFICE	<b>1</b>
OPERATOR	<b>2</b>

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>5</b>	
Unit Letter <b>F</b>	Section <b>26</b>	Township <b>7</b>	Range <b>26</b>	County <b>Chaves</b>			
Pool <b>Under Leslie Spring</b> <del>San Andres</del>				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>7</b>	Range <b>26</b>	
Authorized transporter of oil <input 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:

**TSTM -- Vented**

**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**

**OCT 30 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 October, 19 64.

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