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# NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)  
Revised 7/1/57

Santa Fe, New Mexico

## 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 Sept. 12, 1964

(Place)

(Date)

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

Dr. Sam G. Dunn

Elliott Fed.

Well No. 1, in SW 1/4 SE 1/4,

(Company or Operator)

(Lease)

0

Sec. 33

T. 6 S

R. 26 E

NMPM., Linda San Andres

Pool

Unit Letter

Chaves

County. Date Spudded 4-28-64

Date Drilling Completed 5-11-64

Please indicate location:

Elevation 3624 GR Total Depth 1150 PBD 1148

Top Oil/Gas Pay 1079 Name of Prod. Form. Slaughter San Andres

PRODUCING INTERVAL -

Perforations 1087-1094-1096-1098-1107-1110-1112-1114

Open Hole Depth 1148 Casing Shoe 1148 Depth 1089 Tubing

OIL WELL TEST -

Natural Prod. Test: \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Size \_\_\_\_\_ Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 9 bbls. oil, 32 bbls water in 24 hrs, \_\_\_\_\_ min. Size pump Choke

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) 1000 gal. 15% acid, 15000 gal. 7.5% acid, 7000# 20-40 Sand

Casing Press. None Tubing Press. None Date first new oil run to tanks September 1, 1964

Oil Transporter McWood Corporation

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

RECEIVED

Remarks:

SEP 14 1964

D. C. C.

ARTESIA, OFFICE

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved SEP 14 1964, 19\_\_\_\_

Dr. Sam G. Dunn

(Company or Operator)

By: Pat Thompson

(Signature)

Title Agent

Send Communications regarding well to:

Name Mrs. Pat Thompson

Address Box 452, Artesia, New Mexico

OIL CONSERVATION COMMISSION

By: W. H. Hunsley

Title OIL AND GAS INSPECTOR

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	GAS	
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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>Elliott Fed.</b>		Well No. <b>1</b>	
Unit Letter <b>0</b>	Section <b>33</b>	Township <b>6 S</b>	Range <b>26 E</b>	County <b>Chaves</b>			
Pool <b>Linda 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>0</b>	Section <b>33</b>	Township <b>6 S</b>	Range <b>26 E</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:

**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)

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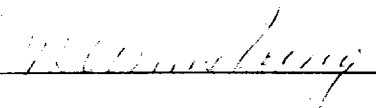
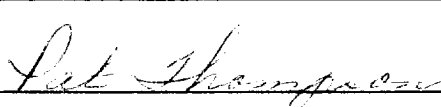
SEP 14 1964

**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 12th day of September, 19 64

OIL CONSERVATION COMMISSION		By	
Approved by			
Title		Title <b>Agent</b>	
Title <b>OIL AND GAS INSPECTOR</b>		Company <b>Dr. Sam G. Dunn</b>	
Date <b>SEP 14 1964</b>		Address <b>Box 452, Artesia, New Mexico</b>	