

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	1
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRORATION OFFICE	
OPERATOR	3

NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico **RECEIVED** **REQUEST FOR (OIL) - (GAS) ALLOWABLE**

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

MAY 19 1964

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 QUADRUPPLICATE 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 **May 18, 1964**
(Place) (Date)

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

Dr. Sam G. Dunn **England**, Well No. **1**, in **NE** $\frac{1}{4}$ **SW** $\frac{1}{4}$,

(Company or Operator)

(Lease)

K Sec. **33**, T **6 S**, R **26 E**, NMPM., **Linda San Andres** Pool

Unit Letter

Chaves

County. Date Spudded **10-63** Date Drilling Completed **11-5-63**

Elevation _____ Total Depth **1078** PBD **1070**

Please indicate location:

Top Oil/Gas Pay **1018** Name of Prod. Form. **Slaughter San Andres**

PRODUCING INTERVAL -

Perforations **1018-1030, 1034-1039, 1043-1058, 2 shots per ft.**

Open Hole _____ Depth _____ Casing Shoe **1070** Depth _____ Tubing **1010**

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): **20** bbls. oil, **25** bbls water in **24** hrs, _____ min. Size **None**

GAS WELL TEST -

Natural Prod. Test: _____ 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: **No test**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **1000 gal. 15% acid, 14000 gal. 3% acid, 70000 sand**

Casing Press. **None** Tubing Press. **None** Date first new oil run to tanks **May 2, 1964**

Oil Transporter **McWood Corporation**

Gas Transporter **None**

Remarks: _____

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

Approved **MAY 19 1964**, 19____

Dr. Sam G. Dunn

(Company or Operator)

By: **Pat Thompson**

(Signature)

Title **Agent**

Send Communications regarding well to:

Name **Dr. Sam G. Dunn**

Address **1312 Main, Lubbock, Texas**

OIL CONSERVATION COMMISSION

By: **M.L. Armstrong**

Title **OIL AND GAS INSPECTOR**

NUMBER OF COPIES RECEIVED		6
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
PRODUCTION OFFICE		
OPERATOR		3

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 England		Well No. 1	
Unit Letter K	Section 33	Township 6 S	Range 26 E		County Chaves		
Pool Linda San Andres					Kind of Lease (State, Fed, Fee) FEDERAL		
If well produces oil or condensate give location of tanks			Unit Letter K	Section 33	Township 6 S	Range 26 E	
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) P. O. Box 330, Abilene, Texas			
Is Gas Actually Connected? Yes _____ 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 Ownership ☐
 Change in Transporter (check one) Other (explain below) _____
 Oil ☐ Dry Gas ☐
 Casing head gas . ☐ Condensate.. ☐

RECEIVED

MAY 19 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 18th day of May, 19 64

OIL CONSERVATION COMMISSION		By	<i>Pat Thompson</i>
Approved by		Title	Agent
Title OIL AND GAS INSPECTOR		Company	Dr. Sam G. Dunn
Date MAY 19 1964		Address	1312 Main, Lubbock, Texas