

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

NUMBER OF COPIES RECEIVED <u>5</u>	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

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 Oct. 20, 1964
(Place) (Date)

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

Dr. Sam G. Dunn Levers ST. Well No. 1, in SE 1/4 NW 1/4,
(Company or Operator) (Lease)

F 32 7 26E, NMPM., Pecos San Andres Pool
Unit Letter

Chaves County. Date Spudded 5-11-64 Date Drilling Completed 5-17-64

Elevation 3641 Total Depth 1128 PBD 1128

Please indicate location:

Top Oil/Gas Pay 1058 Name of Prod. Form. Slaughter San Andres

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

PRODUCING INTERVAL -

Perforations 1058, 1060, 1062, 1064, 1082, 1084, 1086, 1088

Open Hole Depth 1128 Casing Shoe Depth 1055 Tubing

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): 2 bbls. oil, 4 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)

Title Agent
Send Communications regarding well to:

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

OIL CONSERVATION COMMISSION

By: M.L. Armstrong
Title OIL AND GAS INSPECTOR

NUMBER OF COPIES RECEIVED 8	
DISTRIBUTION	
SANTA FE	
FILE	1-
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	5

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 **Lovers ST.** Well No. **1**

Unit Letter **F** Section **32** Township **7S** Range **26E** County **Chaves**

Pool **Pecos San Andres** Kind of Lease (State, Fed, Fee) **State**

If well produces oil or condensate give location of tanks _____ Unit Letter **F** Section **32** Township **7S** Range **26E**

Authorized transporter of oil or condensate
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 _____ No

Authorized transporter of casing head gas or dry gas 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
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 20th day of October, 19 64.

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