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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

May 19, 1964

(Place)

(Date)

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

Dr. Sam G. Dunn

Pendergrass

Well No. 1

in NW

1/4 NW

1/4

(Company or Operator)

D

Sec. 4

T. 7S

(Lease)

26E

NMPM.

Linda San Andres

Pool

Unit Letter
Chaves

County Date Spudded 12-6-63

Date Drilling Completed 12-12-63

Elevation 3603

Total Depth 1064

PBTD

1063

Top Oil/Gas Pay 988

Name of Prod. Form. ~~XXXXXX~~ San Andres

Please indicate location:

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

PRODUCING INTERVAL -

Perforations 998-1030 2 shots per ft.

Open Hole None

Depth

1063

Depth

990

OIL WELL TEST -

Natural Prod. Test: None 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): 13 bbls. oil, 41 bbls water in 24 hrs, _____ min. Size _____

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, 14000 gal. 3% acid water with 7000# 20-40 sand

Casing Press. None Tubing Press. None Date first new oil run to tanks 5-1-64

Oil Transporter McWood Corporation

Gas Transporter

RECEIVED

Remarks:

JUN 1 - 1964

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

Approved JUN 1 1964, 19

Dr. Sam G. Dunn

(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____

Title OIL AND GAS INSPECTOR

By:

Agent

Send Communications regarding well to:

Name

Dr. Sam G. Dunn

1312 Main, Lubbock, Texas

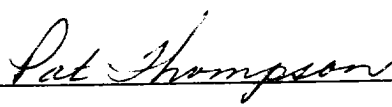
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NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

**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 Dr. Sam G. Dunn ✓				Lease Pendergrass		Well No. 1	
Unit Letter D	Section 4	Township 7S	Range 26E		County Chaves		
Pool Linda San Andres				Kind of Lease (State, Fed, Fee) State			
If well produces oil or condensate give location of tanks		Unit Letter D	Section 4	Township 7S	Range 26E		
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) Box 330, Abilene, Texas			
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							
<p align="center">REASON(S) FOR FILING (please check proper box)</p> <p>New Well <input checked="" type="checkbox"/> Change in Ownership <input type="checkbox"/> Change in Transporter (check one) Other (explain below) Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casing head gas . <input type="checkbox"/> Condensate . <input type="checkbox"/></p>							
<p align="center">RECEIVED</p>							
Remarks				<p align="center">JUN 1 - 1964</p> <p align="center">O. C. C. ARTESIA, OFFICE</p>			
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.							
Executed this the <u>19th</u> day of <u>May</u> , 19 <u>64</u> .							
OIL CONSERVATION COMMISSION				By			
Approved by				 Pat Thompson			
Title				Title Agent			
OIL AND GAS INSPECTOR				Company Dr. Sam G. Dunn			
Date JUN 1 1964				Address 1312 Main, Lubbock, Texas			