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

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

AUG 31 1964

New Well
 Recompletion

O. C. C.

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, N. M.

August 28, 1964

(Place)

(Date)

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

Dr. Sam G. Dunn

Sturgeon

Well No. 1

in SE

1/4 NW

(Company or Operator)

(Lease)

Unit Letter

Chaves

Sec. 33

T. 6S

R. 26E

NMPM,

Linda San Andres

Pool

County. Date Spudded. 4-23-64

Date Drilling Completed 4-30-64

Elevation 3605 GR

Total Depth 1059 PBD 1053

Top Oil/Gas Pay 988

Name of Prod. Form. Slaughter San Andres

PRODUCING INTERVAL -

Perforations 988-996-1003-1010-1018-1021

Open Hole Depth Casing Shoe 1053 Depth Tubing 985

OIL WELL TEST -

Natural Prod. Test: None 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): 11 bbls. oil, 31 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 2 1/2 acid and 15000# 20-40 sand

Casing Tubing Date first new Press. None Press. None oil run to tanks August 15, 1964

Oil Transporter McWood Corporation

Gas Transporter

Remarks: Same data with well no. 2

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

Approved. AUG 31 1964, 19

Dr. Sam G. Dunn

(Company or Operator)

By: Pat Thompson

(Signature)

OIL CONSERVATION COMMISSION

Title. Agent

Send Communications regarding well to:

Name. Mrs. Pat Thompson

Address Box 452, Artesia, New Mexico

By: [Signature]

Title. OIL AND GAS INSPECTOR

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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 Sturgeon		Well No. 1	
Unit Letter F	Section 33	Township 6 S	Range 26 E	County Chaves			
Pool Linda San Andres				Kind of Lease (State, Fed, Fee) Fee			
If well produces oil or condensate give location of tanks			Unit Letter F	Section 33	Township 6S	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 _____ No **X** _____

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 <input checked="" type="checkbox"/>	Change in Ownership <input type="checkbox"/>
Change in Transporter (check one)	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casing head gas . <input type="checkbox"/>	Condensate.. <input type="checkbox"/>

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AUG 31 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 **28th** day of **August**, 19 **64**

OIL CONSERVATION COMMISSION		By <i>Pat Thompson</i>
Approved by <i>McWood Corp</i>		Title Agent
Title OIL AND GAS INSPECTOR		Company Dr. Sam G. Dunn
Address Box 452, Artesia, New Mexico		

AUG 31 1964

N.

[illegible]

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SANTA FE		1
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U.S.G.S.		2
LAND OFFICE		
TRANSPORTER	OIL GAS	
PRORATION OFFICE		
OPERATOR		

Bar. of mines

Dr. Sam G. Dunn

Sturgeon

AREA 640 ACRES
LOCATE WELL CORRECTLY

.....
(Company or Operator)

(L222)

Well No. 1, in SE $\frac{1}{4}$ of NW $\frac{1}{4}$, of Sec. 33, T. 6S, R. 26 E, NMPM.

Linda San Andres

Pool.

Chaves

..County.

Well is 1650 feet from West line and 1650 feet from North line

of Section 33 If State Land the Oil and Gas Lease No. is _____

Drilling Commenced Apr 11 23, 19 64 Drilling was Completed Apr 11 30 19 64

Name of Drilling Contractor..... **H. E. Barnes**

Address Roswell, New Mexico

Elevation above sea level at Top of Tubing Head.....3606..... The information given is to be kept confidential until
....., 19.....

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No. 1, from 984 to 1053 No. 4, from _____ to _____

No. 2, from.....to..... No. 5, from.....to.....

No. 3, from.....to..... No. 6, from.....to.....

AUG 31 1964

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from.....to.....feet.....

No. 2, from.....to.....feet.

No. 3, from.....to.....feet.

No. 4, from.....to.....feet.....

CASING RECORD							
SIZE	WEIGHT PER FOOT	NEW OR USED	AMOUNT	KIND OF SHOE	CUT AND PULLED FROM	PERFORATIONS	PURPOSE
8-5/8	28#	Used	105				Water shut off 988--996-1003-1010-1018-1021
4 1/2	9.5#	New	1053	Float			
2			985				

DROPPING AND CEMENTING RECORD						
SIZE OF HOLE	SIZE OF CASING	WHERE SET	NO. SACKS OF CEMENT	METHOD USED	MUD GRAVITY	AMOUNT OF MUD USED
11	8-5/8	105	50	Halliburton		
6-3/4	4 1/2	1053	50	Halliburton		

(Record the Process used, No. of Qts. or Gals. used, interval treated or shot.)

Sand jetted with one shot at following intervals: 988--996-1003-1010-1018-1021 and treated with 15000 gal 7 $\frac{1}{2}$ % acid and 15000 lbs. 20-40 sand.

Result of Production Stimulation.

Results were satisfactory

...Depth Cleaned Out.....1046

If drill-stem or other special tests or deviation surveys were made, submit report on separate sheet and attach hereto

Rotary tools were used from 0 feet to 1059 feet, and from feet to feet.
Cable tools were used from feet to feet, and from feet to feet.

PLEASE INDICATE BELOW FORMATION TOPS (IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE):

T. Anhy.....	T. Devonian.....	T. Ojo Alamo.....
T. Salt.....	T. Silurian.....	T. Kirtland-Fruitland.....
B. Salt.....	T. Montoya.....	T. Farmington.....
T. Yates.....	T. Simpson.....	T. Pictured Cliffs.....
T. 7 Rivers.....	T. McKee.....	T. Menefee.....
T. Queen.....	T. Ellenburger.....	T. Point Lookout.....
T. Grayburg.....	T. Gr. Wash.....	T. Mancos.....
T. San Andres.....	T. Granite.....	T. Dakota.....
T. Glorieta.....	T.	T. Morrison.....
T. Drinkard.....	T.	T. Penn.....
T. Tubbs.....	T.	T.
T. Abo.....	T.	T.
T. Penn.....	T.	T.
T. Miss.....	T.	T.

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
XXXXXX	XXXXXX	XXXXXX					
0	540	540	Sand, shale, gyp, anhy, dol				
540	984	444	Dol, anhy, gyp, xxxx sand				
984	1059	75	Dol, anhy				

I hereby swear or affirm that the information given herewith is a complete and correct record of the well and all work done on it so far as can be determined from available records.

August 28, 1964

Address **Box 452, Artesia, New Mexico** (Date)

Position or Title..... **Agent**