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	GAS	
PROVATION OFFICE		
OPERATOR	<b>1</b>	

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 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 July 26, 1964

(Place)

(Date)

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

Dr. Sam G. Dunn

Sturgeon

Well No. **2**, in **SE**  $\frac{1}{4}$  **NW**  $\frac{1}{4}$ ,

(Company or Operator)

(Lease)

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

Unit Letter

**Chaves**

County. Date Spudded **12-29--63** Date Drilling Completed **1-3-64**

Elevation **NA** Total Depth **1074** PBD **1070**

Top Oil/Gas Pay **1004** Name of Prod. Form. **Slaughter San Andres**

PRODUCING INTERVAL -

Perforations **1004-1040 with 2 shots per ft.**

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

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): **10** bbls.oil, **35** 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): **1000 gal. 15% acid, 14000 gal. 3% acid water & 7000# 20-40 sand**

Casing Press. **None** Tubing Press. **None** Date first new oil run to tanks **7-19-64**

Oil Transporter **McWood Corporation**

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

Please indicate location:

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

**2310/N 2329.0/W**  
(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
<b>8-5/8</b>	<b>107</b>	<b>50</b>
<b>4-1/2</b>	<b>1070</b>	<b>50</b>
<b>2</b>	<b>1010</b>	

Remarks: \_\_\_\_\_

JUL 31 1964

O. C. C.  
ARTESIA, OFFICE

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

Approved **JUL 31 1964**, 19\_\_\_\_

Dr. Sam G. Dunn

(Company or Operator)

By: **Pat Thompson**

(Signature)

Title **Agent**

Send Communications regarding well to:

Name **Pat Thompson**

Address **Box 452, Artesia, New Mexico**

OIL CONSERVATION COMMISSION

By: **M.L. Armstrong**

Oil and Gas Inspector

Title \_\_\_\_\_

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OPERATOR		2

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>Sturgeon</b>	Well No. <b>2</b>
Unit Letter <b>F</b>	Section <b>33</b>	Township <b>6S</b>	Range <b>26E</b>	County <b>Chaves</b>	

Pool <b>Linda San Andres</b>	Kind of Lease (State, Fed, Fee) <b>Fee</b>			
If well produces oil or condensate give location of tanks	Unit Letter <b>F</b>	Section <b>33</b>	Township <b>6S</b>	Range <b>26E</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>
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Is Gas Actually Connected? Yes \_\_\_\_\_ No

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)
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If gas is not being sold, give reasons and also explain its present disposition:  
  
**Vented - TSTM**

**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)	Other (explain below)
Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Casing head gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

**RECEIVED**  
JUL 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 **26th** day of **July**, 19 **64**.

OIL CONSERVATION COMMISSION		By
Approved by	<i>M. L. Armstrong</i>	<i>Pat. Thompson</i>
Title		<b>Agent</b>
Date	<b>OIL AND GAS INSPECTOR</b>	Company
		<b>Dr. Sam G. Dunn</b>
		Address
<b>JUL 31 1964</b>		<b>Box 452, Artesia, New Mexico</b>