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LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	1

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

July 26, 1964

(Place)

(Date)

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

Dr. Sam G. Dunn

Sun Federal

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

(Company or Operator)

(Lease)

P

Sec. **29**

T. **7S**

R. **28 E**

NMPM, **Pecos San Andres**

Pool

Unit Letter

Chaves

County. Date Spudded **3-16-64**

Date Drilling Completed **4-21-64**

Please indicate location:

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

990/5 330/E
(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Size
9-5/8	105	50
4-1/2	1133	100
2"	1050	

Elevation _____ Total Depth **1135** PBDT **1133**

Top Oil/Gas Pay **1109** Name of Prod. Form. **Slaughter San Andres**

PRODUCING INTERVAL -

Perforations **1111-1112 Sand Jet with 4 shots**

Open Hole _____ Depth _____ Casing Shoe **1133** Depth _____ Tubing **1050**

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): **10** bbls. oil, **2** bbls water in **24** hrs, _____ min. Size **pump** Choke

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% acid & 3000# 20-40 sand**

Casing **None** Tubing **None** Date first new oil run to tanks **July 12, 1964**

Oil Transporter **McWood Corporation** **RECEIVED**

Gas Transporter _____

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**

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 Sun Federal		Well No. 1	
Unit Letter P	Section 29	Township 7S	Range 28E	County Chaves			
Pool Pecos San Andres				Kind of Lease (State, Fed Fee) Federal			
If well produces oil or condensate give location of tanks			Unit Letter P	Section 29	Township 7S	Range 28E	
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:

Vented - TSTM

REASON(S) FOR FILING (please check proper box)

New Well ☒
Change in Transporter (check one)
Oil ☐ Dry Gas ☐
Casing head gas . ☐ Condensate.. ☐

Change in Ownership ☐
Other (explain below)

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