

NO. OF COPIES RECEIVED		8
DISTRIBUTION		
SANTA FE		1
FILE		1-
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		4
PRORATION OFFICE		1

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

OCT 20 1965

I. Operator **DR. SAM G. DUNN**

Address **P.O. Box 192 Artesia, New Mexico**

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, including Formation	Kind of Lease
Pendergrass		3	Linda San Andres	State, Federal or Fee FEE
Location				
Unit Letter		Feet From The	Line and	Feet From The
A	330	North	330	East
Line of Section	Township	Range	NMPM,	County
5	7 S	26 E	CHAVES	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
McWood Corporation	P.O. Box 330 Abilene, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	5	7	26	No	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
6/16/1965	9/17/1965	1026						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3603	Slaughter San Andres	984	1015					
Perforations			Depth Casing Shoe					
984-989	991-993	999-1001	1003-1005	1013-1015	1086			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
9 5/8	5 5/8	125	125					
6 3/4	4 1/2	1026	350					
	2 3/8	1015						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
9-23-1965	9-23-1965	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hours			2"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	5	30	Trace

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Thurman Hall Paton
(Signature)

Agent
(Title)

10-18-1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 21 1965, 19
BY M. L. Armstrong
TITLE Oil and Gas Agent

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.