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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS		
OPERATOR		13	
		1 1	

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

FILE /		AND	2
U.S.G.S.	AUTHORIZĄŢION TO ŢRA	ANSPORT OIL AND NATURAL GA perato r	.S
LAND OFFICE		perat or	
TRANSPORTER GAS		Dunn RESEIVED	
OPERATOR 3	to	0	
PRORATION OFFICE	Sam G. Dunn 011		
Cperator	Box 30 Lubbock, Texa	,	RECEIVED
Dr. Sam G	· Dunn	Re ⁷⁹⁴¹⁰ D. G. C.	RECEIVED
Address	ICDIO	ARTESIA, DIFFICE	
	192 Artesia, N.M.	Other (Please explain)	JAN 1 9 1308
Reason(s) for filing (Check proper box		Office (1 tease explain)	2/11/17 / 2000
New Well	Change in Transporter of:		eng eng english
Recompletion	Oil Dry Go Casinghead Gas Conde	≒	arteria, cffich
Change in Ownership	Casingheda Gas Conna		
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND	LEASE Wall No Fool No	ime, Including Formation	Kind of Lease
Lease Name	Lease No. Well No. Poct No	ime, Including Formation P3056	State, Federal or Fee F66
Tonkin	l Lind	a San Andres	
Location		_	10 n n h
Unit Letter B : 330	Feet From The North Li	ne and 1650 Feet From Ti	ne
0			County
Line of Section 8 To	wnship 7 S Range	26-E , NMPM, Ch	LVes.
	MED OF OH AND NATURAL C	A C	
DESIGNATION OF TRANSPOR Name of Authorized Transporter of Ot	TER OF OIL AND NATURAL GA	Address (Give address to which approve	ed copy of this form is to be sent)
i .			RECEIVE
McWood Corporati Name of Authorized Transporter of Ca	isinghead Gas or Dry Gas	Box 330 bllone approved	a copy of this form is to be sent)
Name of Authorized Transporter of Ca	singhedd Gds or Dry Gds	nadress (voss resident)	
		Is gas actually connected? When	FEB 1 0 1966
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	
give location of tanks.	B 8 7 S 26-E	No	0. C. C.
If this production is commingled w	ith that from any other lease or pool	give commingling order number:	ARTESIA, OFFICE
COMPLETION DATA			Plug Back Same Resty. Diff. Resty
	Oil Well Gas Well	New Well Workover Deepen	Plag Back Same Hos W
Designate Type of Completi	A	*	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.1.D.
11-15-1965	12-1-1965	1032	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	
3597 G R	San Andres	1006	1006 Depth Casing Shoe
Perforations			Bop Gazari, and
969 1006 Ft.			
707 200		D CEMENTING RECORD	21212
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
70.2/1	8 5/8	98 Ft.	50 Sacks
10 3/4	1, 1/2	1030 Ft.	150 *
6 1/2	5 3/8	1006	ļ
			<u> </u>
. TEST DATA AND REQUEST 1	FOR ALLOWABLE (Test must be	after recovery of total volume of load oil o	and must be equal to or exceed top allow
OIL WELL	able for this	depth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)
12-1-1965	12-1-165	Pump	Total Comment
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hr.			<u> </u>
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
	1	30	TSTN
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Float Foot-Mot/D	_		
manus trabad (alam kada an t	Tubing Pressure	Casing Pressure	Choke Size
Testing Method (pitot, back pr.)	I drille Liespere		
		211 22112	TION COMMISSION
I. CERTIFICATE OF COMPLIA	NCE	OIL CONSERVA	TION COMMISSION
		FEB 1 0 19	00 , 19
I hereby certify that the rules and	d regulations of the Oil Conservation	n APPROVED	
above is true and complete to the best of my knowledge and belief.			
	ne best of my knowledge and bottom	CONTRACT SOR MODIONS	m N
	ne best of my knowledge and bottom	TITLE WELLOW SOM TOPPER	TEXT
	ne best of my knowledge and borrer	TITLE WILLIAM STE MORPES	compliance with RULE 1104.

Inchra Hace Faton	
(Signature)	
Agent (Title)	
(Title)	
1-16-1966 (Date)	
(Date)	

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.