| NO. OF COPIES RECEIVED | | | | | | | | |
|--|---|------------------------|-------------------------|--|------------------|-----------------|------------------------------|-----------------|
| DISTRIBUTION | NE | EW MEXICO | OIL CONSERVAT | ION COMMISS | SION | | C-104 | |
| SANTA FE / | | | EST FOR ALLO | | | | rsedes Old C- tive 1-1-65 | ·104 and C-1 |
| FILE /- | | | AND | | | Ellec | :tive 1-1-03 | |
| U.S.G.S. | AUTHORIZ | ZATION TO | TRANSPORT | OIL AND NA | TURAL GA | S | | |
| LAND OFFICE | | | Change of | | | | | |
| VEAUGROUP OIL | | | from | | | | | |
| TRANSPORTER GAS |] | | Dr. Sam G | • | | | | |
| OPERATOR 4 | 1 | | to | . 501.11 | | Åi. | 21 1 | 997 |
| I. PRORATION OFFICE | 1 | Sam | G. Dunn 011 | Onceatio | ng | 1727 | • | * |
| Operator | | - A P CA-11 | 30x 3 | | 115 | | | |
| DR. SAM G. DUNN | • | | Lubbock, Tex | | | | | |
| Address | | | | 100 / 100 100 | -n 1 01 | 000 | | |
| P.O. Box 192 An | rtesia, Ne | w Mexic | o 88210 | 1 1 | EB 161 | 303 | | |
| Reason(s) for filing (Check proper box, | | | | Other (Please e | | | | |
| New Well | Change in Tr | ansporter of: | | | | | | |
| Recompletion | Oil | | Dry Gas | | | | | |
| Change in Ownership | Casinghead C | as 🗂 | Condensate | | | | | |
| Change in Ownership | | | | | | | | |
| If change of ownership give name and address of previous owner | | | <u> </u> | | | | | |
| | LEACE | | | | | | | |
| I. DESCRIPTION OF WELL AND Lease Name | [Well No.: Po | ol Name, Inclu | ding Formation | L - | (ind of Lease | Feder | al [| Lease No. |
| Dele Federal | 7 1 | eslie S | orings Sa. | n Andres | tate, Federal | or Fee | \mathbf{r} | 673 11 . |
| Location | l <u>'</u> l | | | 990 | | | | |
| Unit Letter £ ; 165 | ○ Feet From T | heNorth | Line and | 2310 | Feet From Tl | eVes | t | |
| Unit Letter,, | | | | | | | | |
| Line of Section 25 To | wnship 79 | Rand | e 26-E | , NMPM, | <u>Cł</u> | ia ves | | County |
| | | | | | | | | |
| I. DESIGNATION OF TRANSPOR | TER OF OIL A | ND NATURA | AL GAS | | | | 1. f i- An i | L |
| Name of Authorized Transporter of Oil | or Cond | ensate 🔲 | Address (| ive address to | which approve | d copy of thi | is form is to i | be sent) |
| The Permian Corpor | | | P.0. | Вэд 31 | 19 M10 | Tano, | Texas | |
| Name of Authorized Transporter of Ca | singhead Gas | or Dry Gas | Address (6 | ive address to | which approve | ed copy of the | is form is to | be sent) |
| | | | | | | | | |
| - Landa | Unit Sec. | 1 1 | · - | ually connected | l? When | 1 | | |
| If well produces oil or liquids, give location of tanks. | F 26 | 7-51 | 26-T. N | ່ວ | | | | |
| If this production is commingled wi | | ther lease of | nool give comm | ingling order | number: | | | |
| If this production is commingled wi | ith that from any c | office lease of | poo2, g 170 comm | BB | | | | |
| V. COMPLETION DATA | Oil ' | Well Gas | Well New Well | Workover | Deepen | Plug Back | Same Restv | Diff. Res |
| Designate Type of Completi | on $-(X)$ | * | Y | 1 | į | | I . | 1 |
| Date Spudded | Date Compl. Rea | dy to Prod. | Total Dep | th | | P.B.T.D. | 499 | |
| 1 | 7-18-19 | | | 1502 | | 150 | 32 | |
| 7-7-1965 Elevations (DF, RKB, RT, GR, etc.) | | | Top Oil/C | | | Tubing Dep | th | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation Slaushter San Andrei | | | | | 1475 | | |
| 3786 GR | Slaughte | r Pan Al | nares 1 | .40/ | | Depth Casi | <u> </u> | |
| Perforations | 1 1 1 | < •1 m0 | /0O TT 1 | . Tom Th | + | <u>-</u> | | |
| 1467-1472 -14623- | <u>- 1463분~147</u> | 6 14 5 | Two Hole | | | <u> </u> | | |
| | | | G, AND CEMENT | | | - | ACKS CEME | INT |
| HOLE SIZE | CASING & TUBING SIZE | | ZE | DEPTH SET | | <u> </u> | | |
| 7.7 | 8 5 3 | | | 150 | | 125 Sacks 2% CC | | |
| # 17 (S | | 1,1 | | 1499 | | 150_C | acks of | |
| | | · L, | | | | ļ | | POS |
| | 100 ATT 001453 | (T) (T) | ust be after recover | v of total value | ne of load oil o | ind must be e | equal to or ex | ceed top all |
| V. TEST DATA AND REQUEST F | OK ALLOWABI | LE (lest m able for | r this depth or be fo | or full 24 hours, |) | | | |
| OIL WELL Date First New Oil Run To Tanks | Date of Test | | Producing | Method (Flow | pump, gas lif | t, etc.) | | — |
| | 7-18- | 106F | | non Work | | | Produci | ing |
| 7 13-1965 | Tubing Pressure | <u> </u> | Casing P | | | Choke Size | | |
| Length of Test | Tablid Lieganie | | | | | | | , \ |
| 1 | 1 | | 1 | | | | | |

| OIL WELL | able for | this depth or be for full 24 hours) | 16 |
|---------------------------------|-----------------|--|------------|
| Date First New Oil Run To Tanks | 7-13-1965 | Producing Method (Flow, pum Common Workin | |
| 7 13-1965 ength of Test | Tubing Pressure | Casing Pressure | Choke Size |
| ctual Prod. During Test | Oil - Bbis. | Water - Bbls. | Gas-MCF |
| 13 | 1 | 10 | TSTM |

| GAS WELL Actual Prod. Test-MCF/D | Length of Test | Bbis. Condensate/MMCF | Gravity of Condensate |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| | | Casing Pressure (Shut-in) | Choke Size |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Side-12) | Cilozo di Zo |

TITLE .

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.

| | (Signature) | |
|--------------------|--------------|--|
| Agent | | |
| | (Title) | |
| 10 03 300 | ··· · | |
| 10- <u>31-19</u> 6 | (Date) | |

OIL CONSERVATION COMMISSION

| APPROVED | | , 19 |
|-----------|----------|------|
| 1 (W) (A) | Gressett | |

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.