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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

RECEIVED

From  
 Dr. Sam G. Dunn  
 to  
 Sam G. Dunn Oil Operations  
 Box 3095

NOV 1 1967

I. Operator Dr. Sam G. Dunn ✓ Lubbock, Texas 79410

Address P.O. Box 192 Artesia, New Mexico 88210

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of: Oil  Dry Gas

Recompletion  Oil  Casinghead Gas  Condensate

Change in Ownership

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>DALE FEDERAL</u>	<u>6</u>	<u>Leslie Springs San Andres</u>	<u>Federal</u>	<u>IC067311A</u>
Location				
Unit Letter <u>F</u>	<u>2310</u>	Feet From The <u>West</u> Line and <u>1650</u>	Feet From The <u>North</u>	
Line of Section <u>26</u>	Township	<u>7 S</u> Range <u>26-E</u>	NMPM,	County <u>Chaves</u>

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)					
<u>The Permian Corporation</u>	<u>P.O. Box 3119 Midland, Texas</u>					
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
	<u>F</u>	<u>26</u>	<u>7 S</u>	<u>26-E</u>	<u>No</u>	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	<u>X</u>		<u>X</u>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>5-13-1965</u>	<u>6-1-1965</u>	<u>1502</u>	<u>1502</u>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>3790</u>	<u>Cllaughter San Andres</u>	<u>1482</u>	<u>1485</u>					
Perforations	Depth Casing Shoe							
<u>1472-1492 Two Holes Per Foot</u>								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>11"</u>	<u>3 5 3"</u>	<u>100</u>	<u>75 Sacks Cir.</u>
<u>8"</u>	<u>5 1 2"</u>	<u>1502</u>	<u>150 Sacks Cir.</u>

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.)	
<u>10-2-1967</u>	<u>10-3-1967</u>	<u>Pump 3 x 1 1/2 Texas Strimmer</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24</u>			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
<u>13</u>	<u>10</u>	<u>8</u>	<u>TOTM</u>

GAS WELL

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

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19

BY W. A. Lussert

TITLE \_\_\_\_\_

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.

(Signature)  
 \_\_\_\_\_  
 Agent (Title)  
 \_\_\_\_\_  
 October 31, 1967 (Date)  
 \_\_\_\_\_