

NEW MEXICO
OIL CONSERVATION COMMISSION
TENTH & DALLAS STREETS
ARTESIA, NEW MEXICO

August, 1966

No. A 51

SUPPLEMENT TO THE OIL PRORATION SCHEDULE

DATE 8/11/66

PURPOSE: ALLOWABLE ASSIGNMENT (NEW WELL)

Effective 8/3/66, an allowable of 15 barrels of oil per day or a total of 435 barrels for the month is hereby assigned to the Dr. Sam G. Dunn, Everna Faircloth B #3-P, 32-7-27, Acme San Andres Pool.

MLA/jw

Dr. Sam G. Dunn

McWood

OIL CONSERVATION COMMISSION



SUPERVISOR, DISTRICT NO. 2

EXTRA COPY

NO. OF COPIES RECEIVED		6
DISTRIBUTION		
SANTA FE		1
FILE		1-
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		3
PRORATION OFFICE		

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

AUG 1 1 1966

Operator		DR. SAM G. DUNN		O. C. C.	
Address		P. O. BOX 192, Artesia, New Mexico		ARTESIA, OFFICE	
Reason(s) for filing (Check proper box)				Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:			
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease
EVERNA FAIRCLOTH B	3	ACME SAN ANDRES		State, Federal or Fee
Location				
Unit Letter	P	660	Feet From The EAST	Line and 660
Feet From The SOUTH				
Line of Section	32	Township	7-8	Range 27-E
NMPM, CHAVES County				

II. 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		

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

COMPLETION DATA

Designate Type of Completion - (X)	X	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	4-22-66	Date Compl. Ready to Prod.	8-3-66	Total Depth	1976	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation	ACME SAN ANDRES	Top Oil/Gas Pay	1930	Tubing Depth	1975		
Perforations	2 Holes per ft. 1930-1949-1963					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11	8 5/8 CASING	272	125
8 1/4	4 1/2 CASING	1976	300
	2" TUBING	1975	2% JEL.

TEST DATA AND REQUEST FOR ALLOWABLE
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)

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
8-3-66	8-3-66		
th of Test	Tubing Pressure	Casing Pressure	Choke Size
4 HRS.			
Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
19	15	4	

WELL

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

CERTIFICATE OF COMPLIANCE

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

W Hall

(Signature)

est

(Title)

10-66

(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 1 1 1966, 19
BY M. L. Armstrong
TITLE OIL AND GAS INSPECTOR

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 allow-
able 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.