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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

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OCT 25 1966

Operator Dr. Sam G. Dunn ✓		O. C. C. ARTESIA, OFFICE	
Address P.O. Box 192 Artesia, New Mexico			
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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Standard State	Lease No. E 3614	Well No. 4	Pool Name, including Formation ACME SAN ANDRES	Kind of Lease State, Federal or Fee State
Location				
Unit Letter H	1980	Feet From The North	Line and 660	Feet From The East
Line of Section 5	Township 8 S	Range 27 E	, NMPM, Chaves County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> McWood Corporation	Address (Give address to which approved copy of this form is to be sent) 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 H	Sec. 5
	Twp. 8 S	Rge. 27 E
	Is gas actually connected? <input type="checkbox"/> When	

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-31-1966	Date Compl. Ready to Prod. 10-5-1966		Total Depth 1985		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3977	Name of Producing Formation San Andres		Top Oil/Gas Pay 1925		Tubing Depth 1975			
Perforations 2 Holes per Ft.	1934 To 1954		Depth Casing Shoe 1984					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11	8 5/8"		260		150			
6 3/4	4 1/2"		1984		200			
	2" Tubing		1975		Acidized with 9500			
					Gals of 15%			

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 10-19-1966	Date of Test 10-19-1966	Producing Method (Flow, pump, gas lift, etc.) Pump Working Barrel	
Length of Test 24 Hr.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 26.76	Oil - Bbls. 19.80	Water - Bbls. 6.96	Gas - MCF

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.

Thelma Hall

(Signature)

Agent

(Title)

10-24-1966

(Date)

OIL CONSERVATION COMMISSION

APPROVED **OCT 25 1966**, 19

BY *W. A. Gressett*

TITLE **OIL AND GAS RESERVATION**

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.