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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

Change of operator
from
Dr. Sam G. Dunn
to

RECEIVED

Sam G. Dunn Oil Operations
Box 3095

Lubbock, Texas 79410

FEB 16 1968

Operator		DR. SAM G. DUNN	
Address		P. O. BOX 192, ARTESIA, NEW MEXICO 88210	
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	Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease
AVALANCHE JOURNAL	K 1006	I	WAB. ACNE SAN ANDRES	State, Federal or Fee
Location	STATE			
Unit Letter	F	1980	1968	
Feet From The	NORTH	Line and	1650	Feet From The
WEST				
Line of Section	4	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"/>	Address (Give address to which approved copy of this form is to be sent)
THE PERMIAN CORPORATION				P. O. BOX 3118 MIDLAND 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.
	F	4	8-S	27-E
Is gas actually connected?	NO			
When				

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'tv.	Diff. Res'tv.
XX			XX					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
6-19-66	7-28-67		1975		1974			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3952	SLAUGHTER		1937		1974			
Perforations	1937 TO 1952 TWO HOLES PER FT.				Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11'	8 5/8		174		150 SACKS			
7 7/8	5 1/2		1975		200 SACKS			
	2 3/8		1974					

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.)	
7-26-67	7-26-67	PUMPING	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 HOURS			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
5	4	1	NONE

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)
7-28-67
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
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.