1		<b>`</b>	~	-	
	DISTRIBUTION	NEW MENIOD OIL	CONSERVATION CONTRACTOR		
	SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE		Form C-104 Supersedes Old C-104 and C-116	
	FILE /_	AND		Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
	Change of operator				
	TRANSPORTER GAS	Trom		RESERVED	
	OPERATOR 44	Dr. Sam G. Dunn			
ı.	PRORATION OFFICE	Sam G. Dunn	0il Operations	gery that is the second of	
-	Operator CAM G DIBIN				
	DR. SAM G. DUNN Lubbock, Texas 79410				
	Address P. O. BOX 192 A	ARTESIA, NEW MEXICO	5 F E B 1 6 1968	97 - 1131 L. OFFICE	
	Reason(s) for filing (Check proper box)	<u> </u>	Other (Please explain,	)	
	New Well	Change in Transporter of:			
	Recompletion	Oil 🐉 Dry	Gas		
!	Change in Ownership	Casinghead Gas Con	densate		
	If change of ownership give name				
	and address of previous owner				
II.	DESCRIPTION OF WELL AND I	LEASE	Formation (27.7.2%) Kind of	Lease Lease No.	
	Lease Name  AVAIANCHE JOURNAL	Well No. Pool Named Including	NDRES Rate, F	Federal or Fee STATE K 1006	
	Location	.φι, σ μοτεί στικ .			
	Unit Letter L ; 165	Feet From The SOUTH	Line and 990 Feet 1	From The WEST	
	)	mship <b>8-S</b> Range	27-E , NMPM, C	HAVES County	
	Line of Section 4 Tow	mship <b>0-5</b> Range	Z/-H , NIMPIM, O	TIM VISO COUNTY	
II.	DESIGNATION OF TRANSPORT		GAS	approved copy of this form is to be sent)	
	Name of Authorized Transporter of Oil		,		
	THE PERMIAN CORPORATION Name of Authorized Transporter of Cas		P. O. BOX 3119 Address (Give address to which	approved copy of this form is to be sent)	
	•	_			
	If well produces oil or liquids,	well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When			
	give location of tanks.				
	If this production is commingled wit COMPLETION DATA	h that from any other lease or po-	ol, give commingling order number		
ιν.		Oil Well Gas Well	New Well Workover Deep	en Plug Back Same Restv. Diff. Restv.	
	Designate Type of Completio	, <b>v</b>	Total Depth		
	Date Spudded	Date Compl. Ready to Prod.		P.B.T.D. 1964	
	7-21-66 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	3942	SAN ANDRES	1919	1955	
	Perforations			Depth Casing Shoe	
	1919 TO 1940 2 1/2 HOLES PER FOOT  TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	77#	8 5/8 32#	277	125 SACKS	
	6 3/4"	4 1/2 9.5	1964	235 SACKS	
		2 3/8	1955		
•,	THE DATE AND DECLEST EA	OD ALLOWARIE (Tank must b	e after recovery of total volume of las	nd oil and must be equal to or exceed top allow-	
٧.	TEST DATA AND REQUEST FOR ALLOWABLE (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,		
	4-6-67	Tubing Pressure	Coming Pressure 1 1/2 I	NSE DE Choke Size	
	Length of Test	I uping Piessale		_ \ \	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
	11	8	1 3	NONE	
		•	J		
	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	
			OIL CONSE	ERVATION COMMISSION	
VI.	CERTIFICATE OF COMPLIANCE		MVA 3	1 1067	
	I hereby certify that the rules and regulations of the Oil Conservation		on APPROVED		
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY W. a. Grossett		
	-		1	THE SERVICE STATES	
				<del></del>	
			If this is a request for	This form is to be filed in compliance with RULE 1104.	
	(Signature)		well this form must be acc	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	
	AGENT		tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allow-		
	(Title)		able on new and recomplet	ed wells.	
	\$XX\$X\$\$ 4-24-67		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.		
	,		well name or number, or tra-	usborrer of orner sectionerise or constrain	
	(Da	nte)	well name or number, or tra	must be filed for each pool in multiply	