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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	5
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
Change of operator  
from  
Dr. Sam G. Dunn  
to  
San G. Dunn Oil Operations  
Box 309  
Lubbock, Texas 79410

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator	DR. SAM G. DUNN
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

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, including Formation	Kind of Lease
MCALISTER STATE	E 8879	2	COYOTE QUEEN	State, Federal or Fee STATE
Location	Unit Letter N	990	Feet From The SOUTH	Line and 2310
	Line of Section 10	Township 11-S	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)
THE PERMIAN CORP.	P. O. BOX 3119, 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)
	P. O. BOX 192, ARTESIA, NEW MEXICO
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	N 10 11 S 27-E

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
1-28-67	5-29-67	913	913					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3262	BENROSE	840	865					
Perforations	Depth Casing Shoe							
841- 842 859-871 FT. TWO HOLES PER FOOT.	912							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
11"	8 5/8	102'	100 SACKS					
7 7/8	5 1/2	942 912	250 SACKS					
5 1/2	4 1/2 " UPSET	865	NONE					

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.)	
5-30-67	5-30-67	PUMPING	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 HRS			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
8 BBLs	6 BBLs	1 BBL.	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.

Thomas Threlkeld  
(Signature)  
AGENT  
(Title)  
6-8-67  
(Date)

OIL CONSERVATION COMMISSION

APPROVED 1967, 19  
BY W. R. Swasey  
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.