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	GAS	
OPERATOR		5
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
through operator
to
Sam G. Dunn Oil Operations
Box 5095
Lubbock, Texas 79410

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

Operator		DR. SAM G. DUNN		Lubbock, Texas 79410		FEB 16 1968	
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 _____

Lease Name		Lease No.		Well No.		Pool Name, Including Formation		Kind of Lease	
McALESTER STATE		E 8879		3		COYOTE QUEEN		State, Federal or Fee STATE	
Location									
Unit Letter		M		330		Feet From The SOUTH		# 330	
Line of Section		10		Township		11-S		Range	
						27-E		, NMPM, CHAVES	
								County	

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				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.	Is gas actually connected?
		M	10	11-S	27-E	NO

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

COMPLETION DATA	
Designate Type of Completion - (X)	
Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>	
Date Spudded	1-1-67
Date Compl. Ready to Prod.	6-14-67
Total Depth	926
Elevations (DF, RKB, RT, GR, etc.)	3675
Name of Producing Formation	PENROSE
Top Oil/Gas Pay	826
Tubing Depth	840
Perforations	828-836 844-858 TWO HOLES PER. FT.
DEPTH CASING SHOE	
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
11	8 5/8
6 3/4	4 1/2
	2
DEPTH SET	SACKS CEMENT
230	100 SACKS
926	250 SACKS
840	

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	
9-2-67		9-2-67	
Producing Method (Flow, pump, gas lift, etc.)		PUMP	
Length of Test		Tubing Pressure	
24 HRS.			
Casing Pressure		Choke Size	
Actual Prod. During Test		Water-Bbls.	
6		1	
Oil-Bbls.		Gas-MCF	
5			

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	

I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19 _____	
BY _____		BY _____	
TITLE _____		TITLE _____	
This form is to be filed in compliance with RULE 1104.		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.		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.		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.		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.		Separate Forms C-104 must be filed for each pool in multiply completed wells.	
AGENT _____		AGENT _____	
(Signature)		(Signature)	
9-12-67		9-12-67	
(Date)		(Date)	