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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-101
Supersedes Old O-101 and O-11
Effective 1-1-65

1.

Operator EMMIS, DAYLE, & STEVALL	
Address BOX 1168 GRADAL, TEXAS 76046	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐
Recompletion ☐	
Change in Ownership ☒	
Effective 4/1/77	

If change of ownership give name and address of previous owner **SUN OIL CO., BOX 1861, MIDLAND, TEXAS 79701**

2. DESCRIPTION OF WELL AND LEASE

Lease Name JAMES CAMPBELL	Well No. 3	Pool Name, including Formation CHAVAROO SAN ANDRES	Kind of Lease State, Federal or Fee FE	Lease County
Location				
Unit Letter K	1980	Feet From The SOUTH	Line and 1956	Feet From The WEST
Line of Section 20	Township 7S	Range 33E	NMMA, RCOB VENT	County

3. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ MOBIL PIPELINE CO.	Address (Give address to which approved copy of this form is to be sent) BOX 900, DALLAS, TEXAS 75221					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ CITIES SERVICE OIL CO.	Address (Give address to which approved copy of this form is to be sent) BOX 300, TULSA, OKLA. 74102					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 20	Twp. 7S	Rge. 33E	Is gas actually connected? YES	When 4/1/66

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

4. COMPLETION DATA

Designate Type of Completion - (X)	Off Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't. Perf. to
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
Elevations (OF, RRB, RT, SR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Testing Depth		
Perforations					Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

5. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lost oil and must be equal to or exceed top oil able for this depth or be for full 24 hours)

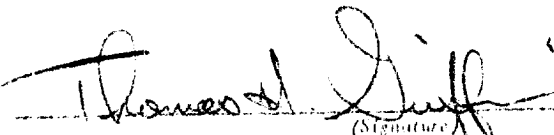
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Testing Procedure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Lbs. Condensate/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (inlet-in)	Casing Pressure (inlet-in)	Choke Size

6. 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.


(Signature)

PROD. SUPT.

9/19/77

(Date)

(Date)

OIL CONSERVATION COMMISSION

APPROVED **SEP 2**, 19

BY **Orig. Signed by**
Jerry Sexton

TITLE **Dist. L. Supv.**

This form is to be filed in compliance with RULE 1102.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the vent tests taken on the well in accordance with RULE 110.

All portions of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only portions I, II, III, and VI for change of casing, well name or number, or transporter, or other such change of recorded

RECEIVED

SEP 9 1967

OIL CONSERVATION COMM,
HOBBBS, N. M.