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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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-1
Effective 1-1-65

I.

Operator: Dyco Petroleum Corporation

Address: 205 Western Unites Life Building, Midland, Tex. 79701

Dyco Petroleum Corporation
420 NBT Bldg. 320 S. Boston
Tulsa, Oklahoma 74103

Reason(s) for Filing (Check proper box)

New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil ☒	Dry Gas ☐
Change in Ownership	☐	Casinghead Gas ☐	Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
C. S. Stone	1	Medicine Rock (Devonian)	State, Federal or Fee Fee	

Location

Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East

Line of Section 22 Township 15S Range 38E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ — Address (Give address to which approved copy of this form is to be sent)

Doma Corporation — 3102 S. Clack, Abilene, Texas 79606

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ — 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?	When
	G	22	15S	38E	No	

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'v.	Diff. Res'v.
	X			XX			X	

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Recompleted 3-29-79	5-2-79	12,940	12,740

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3722GR	Devonian	12,630	12,350

Perforations: 12,633', 12,635', 12636', 12638', 12640', 12642', 12644', 12645', New Perfs 12649', 12655', 12660', 12644', 12670', -- Old Perfs

Depth Casing Shoe:

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 "	13 3/8", 48#, H-40	327'	circulated
12 1/4"	9 5/8", 36,32.4#, J-55	4810'	1250sx-Circulated
8 3/4"	5 1/2", 17,20,23, N-80	12940'	195sx
	2 3/8", 4.7#, N-80	12350'	Not cemented

V. 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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
5-14-79	6-12-79	Pump	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 Hrs	50#	0	"
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
50 bbl.	50	300	25

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**

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.

Judy L. Longoria
(Signature)
Production Accountant
(Title)
11-20-79
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 26 1979, 19

BY Jerry Sexton
Dist. I Supv.

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