| DISTRIBUTION | |
|---|---|
| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| 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-110*
Effective 1-1-65

I. Operator: **Dallas McCasland**

Address: **c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240**

Reason(s) for filing (Please check proper box) — Other (Please explain)

New Well: ___ Change in Transporter of: Oil: ___ Dry Gas: ___ Casinghead Gas: ___

Recompletion: ___

Change in Ownership: X

**Effective June 1, 1973**

If change of ownership give name and address of previous owner: **Cities Service Oil Company-800 Vaughn Bldg.,-Midland, Texas 79701**

II. DESCRIPTION OF WELL AND LEASE

Lease Name: **Tom Closson** Well No.: **1** Pool Name, Including Formation: **Jalmat (Yates) Gas** Kind of Lease: **Federal** Lease No.: **LC-030132-A** (above)

Location: Unit Letter **J** **2310** Feet From The **South** Line and **1650** Feet From The **East** Line

Line of Section **6** Township **22S** Range **36E** 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)

**None**

Name of Authorized Transporter of Casinghead Gas: ___ or Dry Gas: **X** Address (Give address to which approved copy of this form is to be sent)

**Ashland Oil & Refining Company** **Box 1503, Houston, Texas 77001**

If well produces oil or liquids, give location of tanks: Unit ___ Sec. ___ Twp. ___ Rge. ___ Is gas actually connected? **Yes** When? **3/23/51**

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 Resv. | Diff. Resv. |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

Date Spudded: ___ Date Comp. Ready to Prod.: ___ Total Depth: ___

Elevations (DF, RKB, RT, GR, etc.): ___ Name of Producing Formation: ___ Top Oil/Gas Pay: ___ Tubing Depth: ___

Perforations: ___ Depth Casing Shoe: ___

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

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 a full 24 hours)

OIL WELL

| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) |
|---|---|---|
| Length of Test | Tubing Pressure | Choke Size |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. / GAS-MCF |

GAS WELL

| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF |
|---|---|---|
| Testing Method (pitot, back pressure, etc.) | 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.

(Signature)

**Agent**
(Title)

**5/31/73**
(Date)

OIL CONSERVATION COMMISSION

APPROVED ___, 19___

BY: ___

TITLE: ___

This form is to be filed in compliance with RULE 1104.

If this form is to be filed for a newly drilled or deepened well, it 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 completed wells.

Fill only Sections I, II, III, and VI for changes of owner, well name or number, transporter, or other such change of condition.

Separate C-104 must be filed for each pool in multiply completed wells.