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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-110
 Effective 1-1-65

Operator **Dallas McGasland**

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

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____ IC-030132 A

DESCRIPTION OF WELL AND LEASE

Lease Name Tom Closson	Well No. 2	Pool Name, Including Formation Jalnat Yates	Kind of Lease State, Federal or Fee Federal	Lease No. above
Location				
Unit Letter I	1980 Feet From The South	Line of 660	Feet From The East	
Line of Section 6	Township 22 S	Range 36 E	N.M.P.M., Lea County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Ashland Oil, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 1503, Houston, Texas 77001
If well produces oil or liquids, give location of tanks.	Is gas actually connected? Yes When 2/22/55

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	New Well	Workover	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'v.	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded 8/24/36	Date Compl. Ready to Prod. 11/2/73	Total Depth 3816	P.B.T.D.		3380			
Elevations (DF, RKB, RT, CR, etc.) 3581 DF	Name of Producing Formation Yates	Top of Gas Pay 3130	Tubing Depth 3080		Depth Casing Shoe 3760			
Perforations 3130 - 3286								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	12 1/2	260	225
	9 5/8	3024	850
	7	3760	200
	2 3/8	3080	

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead 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 11/3/73	Date of Test 11/3/73	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 300#	Casing Pressure Flr	Choke Size 21/64
Actual Prod. During Test 10	Oil - Bbls. 10	Water - Bbls. Trace	Gas - MCF 861

GAS WELL

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

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 herein is true and complete to the best of my knowledge and belief.

(Signature)

 Agent
 (Title)
11/7/73
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY *(Signature)*

TITLE **SUPERVISOR DISTRICT I**

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