

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

CO. OF OFFICE RECEIVED	
DISTRICT OFFICE	
SANTA FE	
FILE	
U.F.O.I.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form O-104  
Revised 10-01-78  
Format OG 01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Dallas McCasland

Address  
c/o Oil Reports & Gas Services, Inc., P. O. Box 755, Hobbs, New Mexico 88241

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Effective 1/85
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	
<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

LC-030132-A

Lease Name Tom Closson	Well No. 7	Pool Name, Including Formation Jalmat Yates Seven Rivers	Kind of Lease State, Federal or Fee Federal	Lease No. Above
Location				
Unit Letter H	1980	Feet From The North	Line and 990	Feet From The East
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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas-New Mexico Pipe Line Co.	P. O. Box 2528, Hobbs, New Mexico 88241
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texaco, Inc.	P. O. Box 3000, Tulsa, Oklahoma 74102
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit J Sec. 6 Twp. 22S Rge. 36E	Yes 2/22/55

If this production is commingled with that from any other lease or pool, give commingling order number: R-663

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Dennis Holts  
(Signature)  
Agent  
(Title)  
3/28/85  
(Date)

OIL CONSERVATION DIVISION

APR - 1 1985

APPROVED

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

TITLE

This form is to be filled 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-204 must be filed for each pool in multiply completed wells.

RECEIVED

MAR 29 1985

OCB  
HOUSE OFFICE