

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

DISTRIBUTION			
SALES			
FEES			
G.S.			
AD OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

I. OPERATOR

Operator **Dallas McCasland**

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

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name **Tom Clessen** Well No. **7** Pool Name, including Formation **Jalnet Yates** Kind of Lease **Federal** Lease No. **above**

Location

Unit Letter **H** ; **1980** Feet From The **North** Line and **990** Feet From The **East** Line

Line of Section **6** Township **22 S** Range **36 E** , NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐

Texas New Mexico Pipeline Co. 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 ☒ or Dry Gas ☐

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. Unit **J** Sec. **6** Twp. **22S** Rge. **36E** Is well actually connected? **Yes** When **2/22/55**

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X					X		X
Date Completed Recompleted 12/4/73	Date Compl. Ready to Prod. 6/20/74	Total Depth 3815	P.B.T.D. 3350					
Elevations (DF, RKB, RT, GR, etc.) 3600 IF	Name of Producing Formation Yates	Top Oil/Gas Pay 3094	Tubing Depth					
Perforations 3094-98, 3104-09, 18-22, 32-50, 60-64, 67-70, 3187-93, 3218-20, 66-74, 3284-90			Depth Casing Shoe 3755					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
NA	12 1/2		275		200			
NA	9 5/8		1573		450			
NA	7		3755		200			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

Date First New Oil Run To Tanks 6/20/74	Date of Test 7/2/74	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 50#	Casing Pressure	Choke Size 3/4"
Actual Prod. During Test 6 bbls fluid	Oil - Bbls. 3	Water - Bbls.	Gas - MCF 108

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.

Danora Heller
(Signature)
Agent
(Title)
7/11/74
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY **[Signature]**
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.