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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aziec, NM 87410	REO	JEST FO	OR ALLOWA	ARI F AND	AUTHOR	IZATION				
REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS										
Operator							Well API No.			
Dallas McCasland			· · · · · · · · · · · · · · · · · · ·							
Address	Commis	Tw.	. Dow 75	E Wahha	MM 000	141				
c/o Oil Reports & Gas Reason(s) for Filing (Check proper box)	Servic	es, inc	5., BOX /5		NM 882					
New Well		Change in	Transporter of:	∕ <u> </u>	ner (1 rems exp	ww.)				
Recompletion	Oil'		Dry Gas	I	Effective	11/1/9	1			
Change in Operator	Casinghea	nd Gas 🔲	Condensate	_		,_,	-			
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL	AND LE		In		·	······································				
Lease Name Devonian Christmas		Well No.	Pool Name, Inclu				nd of Lease Lease No.  Mex Rodered or Fee		Lease No.	
Location	<del></del>			14005 (0		7,7,7	CARACA		<u> </u>	
Unit Letter B	. 6	60	Feet From The _	North ::		1980 <b>F</b>		Fact	<b>.</b>	
Omt Letter	_ :	<u> </u>	reat from the _	NOT CIT LI	e and	1900 F	eet From The .	East	Line	
Section 21 Townsh	22S	22S Range - 30E 36, NMPM,				Lea County				
W DECIGNATION OF TO A	ICDADTE	D OF O	7 4 3 175 3 1 4 679	IDAT GAG						
Name of Authorized Transporter of Oil		OF OIL AND NATURAL GAS or Condensate Address (Give address to which				t com of this f	orm is to be a	a=t)		
Tunipa de Transporter de Cir	Oi consensate			i i	re data as it w	uen approvee	copy of this j	am is to be s	enij	
Name of Authorized Transporter of Casin	ghead Gas		or Dry Gas	Address (Gir	ess (Give address to which approved copy of this form is to be sent)					
Sid Richardson Carbon	ine Co	•		1st City Bank Tower, 20						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. Rge	. Is gas actuall	y connected?	When			1	
<del></del>				Yes		6/	1/37			
If this production is commingled with that IV. COMPLETION DATA	from any other	er lease or p	ool, give comming	gling order num	ber:	<del></del>		<del></del>	<del></del>	
T. COM BEITON BATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Came Dee'y	Diff Res'v	
Designate Type of Completion	- (X)		1	110# 110#	Wakotei	l Dechem	i ring back i	Pating Kee A	pili kesv	
Date Spudded	dded Date Compil. Ready to Pro			Total Depth	<del></del>	·	P.B.T.D.		<u>-1</u>	
Elevations (DF, RKB, RT, GR, etc.)	oducing Formation		Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth			
Perforations							Depth Casing Shoe			
								,		
	Т	UBING, C	CASING AND	CEMENTI	NG RECOR	D	·			
HOLE SIZE	ING & TUE	SING SIZE	DEPTH SET			SACKS CEMENT				
	<del> </del>	·								
. TEST DATA AND REQUES	T FOR A	LLOWA	BLE	<u> </u>	······································		L			
OIL WELL (Test must be after re	covery of tou	al volume of	load oil and must					r full 24 hour	3.)	
Date First New Oil Run To Tank	Date of Test			Producing Method (Flow, pump, gas lift, etc.)						
ength of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF			
GAS WELL		•		<u></u>	<del></del>		<u> </u>		<del></del>	
Actual Prod. Test - MCF/D	Length of Te	261		Bbls. Condens	ate/MMCF		Gravity of Co	ndensate		
esting Method (pitot, back pr.)	Tubing Press	aire (Shut-in	)	Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFICA	ATE OF (	COMPI	IANCE		· · · · · · · · · · · · · · · · · · ·		<del></del>			
I hereby certify that the rules and regular				∥ C	IL CON	SERVA	TION D	IVISIO	N	
Division have been complied with and the										
is true and complete to the best of my kr	Date	Approved								
Danie Holle	Date Approved									
Signature Donna Holler		Agent		By	<del>- Fact t</del>	1026				
					3 1					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

Telephone No.

Title 505-393-2727

- 2) All sections of this form must be filled out for allowable on new and recompleted wells.3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.