

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Dallas McCasland		Well API No. 30-025-32295
Address P.O. Box 206 Eunice, NM 88231		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Christmas A	Well No. 4	Pool Name, Including Formation Jalmat T-Y-SR	Kind of Lease State Production Fee	Lease No.
Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>West</u> Line and <u>1980</u> Feet From The <u>South</u> Line Section <u>23</u> Township <u>22S</u> Range <u>36E</u> , 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"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, NM 88211-0159	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Sid Richardson Gasoline Company	Address (Give address to which approved copy of this form is to be sent) 201 Main Street, Ft. Worth, Tx 76102	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 23
	Twp. 22S	Rge. 36E
	Is gas actually connected? Yes	When? 1-13-94

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 11-23-93	Date Compl. Ready to Prod. 1-12-94		Total Depth 3600'		P.B.T.D. 3546'			
Elevations (DF, RKB, RT, GR, etc.) 3505.6' GR	Name of Producing Formation Jalmat T-Y-SR		Top Oil/Gas Pay 3262'		Tubing Depth 3300'			
Perforations 3404-3424' 40 shots 2 JSPF					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		358'		225 sks			
7 7/8"	5 1/2"		3602'		650 sks			

V. TEST DATA AND REQUEST FOR ALLOWABLE

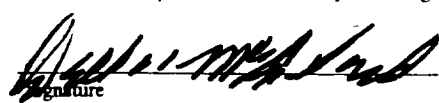
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank 1-12-94	Date of Test 1-01-94	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 20#	Casing Pressure pumping	Choke Size
Actual Prod. During Test	Oil - Bbls. 8	Water - Bbls. 30	Gas - MCF 906

GAS WELL

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

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.


Dallas McCasland Operator
Printed Name Title
3/7/94 394-2553
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 11 1994
By _____
ORIGINAL SIGNED BY JERRY SEXTON
Title DISTRICT I SUPERVISOR

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.
- 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.