

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		
TA FE		
E		
G.S.		
D OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. 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 checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)	*Re-entry
Recompletion	<input 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 _____

CASINGHEAD GAS MUST NOT BE FLASHED AFTER 7/22/74
UNLESS AN EXEMPTION TO 15-1050 IS OBTAINED.

II. DESCRIPTION OF WELL AND LEASE

Lease Name **Killett** Well No. **1** Pool Name, Including Formation **Bumont Yates Seven Rivers** Kind of Lease **Federal** Lease No. **above**

Location Unit Letter **0** ; **660** Feet From The **South** Line and **1980** Feet From The **East**

Line of Section **6** Township **22 S** Range **37 E** , NMPM, **Lea** County

LC-032573-(b)

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)
Cities Service Oil Co. Trucks	800 Vaughn Bldg., Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit A Sec. 7 Twp. 22S Rge. 37E Is gas actually connected? No When _____

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded Re-entered 5/1/74	Date Compl. Ready to Prod. 5/20/74	Total Depth 3736	P.B.T.D. 3630					
Elevations (DF, RKB, RT, GR, etc.) NA	Name of Producing Formation Yates-Seven Rivers	Top Oil/Gas Pay 3174	Tubing Depth 3450					
Perforations 3174-3393, 3476-3606	Depth Casing Shoe 3646**							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
	10 3/4	300	125					
	5 1/2	3646**	300					
	2 3/8	3450						

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)

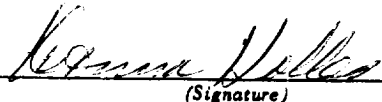
Date First New Oil Run To Tanks 5/20/74	Date of Test 5/28/74	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 50#	Casing Pressure Per.	Choke Size 3/4"
Actual Prod. During Test 115 bbls Fluid	Oil - Bbls. 35	Water - Bbls. 80	Gas - MCF 200

GAS WELL ****Depth of 5 1/2" casing by Welox Radioactivity log.**

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.



(Signature)

Agent

(Title)

5/31/74

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

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.