

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O
Supersedes O-100 and O-110
Effective 1-1-68

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

I.

Operator Dallas McCasland		
Address c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, N.M. 88240		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	300 barrel testing allowable
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 _____

II. DESCRIPTION OF WELL AND LEASE

10-032573 (b)

Lease Name Elliott	Well No. 2	Pool Name, Including Formation Elliott	Kind of Lease State, Federal or Fee Federal	Lease No. above
Location				
Unit Letter A	660	Feet From The North	Line and 660	Feet From The East
Line of Section 7	Township 22 S	Range 37 E	, 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"/> Cities Service Oil Company, Trucks	Address (Give address to which approved copy of this form is to be sent) 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 log order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back (Shut-in, etc.)
Date Spudded	Date Compl. Ready to Prod.	Tubing Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Tubing Depth		Tubing Depth			
Perforations		Depth Casing Sh.					
TUBING, CASING, AND CEMENT RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of test oil and must be acceptable for this depth or better (48-24 hours))

Date First New Oil Run To Tanks	Date of Test	Producing Method (pitot, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Flowing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	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.

11/18/74
(Signature)

Agent

(Title)

11/18/74

(Date)

OIL CONSERVATION COMMISSION

APPROVED

Orig. Signed by

BY

Joe D. Ramsey

Asst. Dir.

TITLE

This form is to be filed in compliance with RULE 1004.

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 1001.

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.

RECEIVED

LC 1244

OIL CONSERVATION COMM.
HOBBS, N. M.