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

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-11
Effective 1-1-65

Operator Dallas McCasland	
Address c/o Oil Reports & Gas Services, Inc., P.O. Box 763, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	
New Well ☒	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐
Other (Please explain)	

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

1. DESCRIPTION OF WELL AND LEASE					LC-030132 (b)
Lease Name Closson "B"	Well No. 20	Pool Name, including Formation Jalnet	Kind of Lease State, Federal or Fee Federal	Lease No. Above	
Location					
Unit Letter N	330	Feet From The South	Line and 2310	Feet From The East	
Line of Section 30	Township 22 S	Range 36 E	, NMPM, Lea County		

2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Texas-New Mexico Pipe Line 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 & Refining Co.	Address (Give address to which approved copy of this form is to be sent) Box 158, Eunice, New Mexico 88231			
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 30	Twp. 22S	Rge. 36E
Is gas actually connected?			When 8/17/76	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

3. COMPLETION DATA				
Designate Type of Completion - (X)	Oil Well ☒	Gas Well ☐	New Well ☒	Workover ☐
Date Spudded 9/18/76	Date Compl. Ready to Prod. 11/1/76	Total Depth 3975	P.B.T.D. 3802	
Elevations (DF, RKB, RT, GR, etc.) 3531 KB	Name of Producing Formation Yates	Top Oil/Gas Pay 3567	Tubing Depth 3620	
Perforations 3567 to 3763	Depth Casing Shoe 3971			
TUBING, CASING, AND CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12 1/4	8 5/8	440	325	
7 7/8	5 1/2	3971	350	
	2 3/8	3620		

4. 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 8/17/76	Date of Test 11/16/76	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 12 bbls fluid	Oil - Bbls. 4	Water - Bbls. 8	Gas - MCF 34

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

5. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19____	
_____ (Signature) Agent		BY Derry	
_____ (Date) 11/19/76		TITLE _____	
		This form is to be filed in compliance with RUC C 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 RUC C 111.	
		All sections of this form must be filled out completely for allowable on new and is completed wells.	
		Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter or other such change of condition.	

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OIL CONSERVATION COMM.
HOBBS, N. M.