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U.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-101 and C-116
Effective 1-1-65

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 ☒ 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

II. DESCRIPTION OF WELL AND LEASE **LC-030132 (b)**
Lease Name **Closson "B"** Well No. **24** Pool Name, including Formation **Jalmat** Kind of Lease **Federal** Lease No. **See Above**
Location
Unit Letter **I** ; **1980** Feet From The **South** Line and **660** Feet From The **East**
Line of Section **30** Township **22 South** Range **36 East** , NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒
Texas-New Mexico Pipe Line Company Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1510, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
El Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1384, Jal, New Mexico 88252
If well produces oil or liquids, give location of tanks. Unit **L** Sec. **30** Twp. **22S** Rge. **36E** Is gas actually connected? **Yes** When **2/23/79**

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

V. COMPLETION DATA
Designate Type of Completion - (X)
Oil Well ☐ Gas Well ☒ New Well ☒ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v. ☐
Date Spudded **11/4/78** Date Compl. Ready to Prod. **12/10/78** Total Depth **3915** P.B.T.D. **3675**
Elevations (DF, RKB, RT, GR, etc.) **3546.5 KB** Name of Producing Formation **Yates** Top Oil/Gas Pay **3439** Tubing Depth **3610**
Perforations **3439 - 3646** Depth Casing Shoe **3905**
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
12 1/4 **8 5/8** **428** **275**
7 7/8 **5 1/2** **3905** **750**
2 3/8 **3610**

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 Date of Test Producing Method (Flow, pump, gas lift, etc.)
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 450	Length of Test 24 hrs	Bbls. Condensate/MMCF .45	Gravity of Condensate 32
Testing Method (pilot, back pr.) Orifice Well Tester	Tubing Pressure (shut-in) 3504	Casing Pressure (shut-in) 7504	Choke Size Pumping

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]
(Signature)

Agent

(Title)

2/27/79

(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 change of condition.

