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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PERFORATION 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-11
Effective 1-1-65

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 ☐

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

DESCRIPTION OF WELL AND LEASE				
Lease Name State "O"	Well No. 4	Pool Name, Including Formation Scarborough Yates-SR	Kind of Lease State, Federal or Fee State	Lease No. B-1484
Location				
Unit Letter B	990	Feet From The North Line and 2310	Feet From The East	
Line of Section 32	Township 26S	Range 37E	NMPM, Lea	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil ☐ or Condensate ☐ None	Address (Give address to which approved copy of this form is to be sent)					
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 1492, El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					Yes	11/7/77

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

COMPLETION DATA								
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Inf. Res'v.
		X	X					
Date Spudded 8/27/77	Date Compl. Ready to Prod. 9/17/77	Total Depth 3280	P.B.T.D. 3267					
Elevations (DF, RKB, RT, GR, etc.) 2957.8 KB	Name of Producing Formation Yates	Top Oil/Gas Pay 2975	Tubing Depth 3087					
Perforations 2975 - 3088			Depth Casing Shoe 3269					

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	428	300
7 7/8	5 1/2	3269	800
	2 3/8	3087	

TEST DATA AND REQUEST FOR ALLOWABLE (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 278	Length of Test 24 hours	Lbs. Condensate/MCF None	Gravity of Condensate
Testing Method (pilot, back pr.) Orifice Meter	Tubing Pressure (shut-in) 80#	Casing Pressure (shut-in) 250#	Choke Size 1/2

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) Norma Holmes		BY Samuel Smith	
Agent (Title)		TITLE Director	
11/4/77 (Date)		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 calculation of the gravity of the oil taken on the well in accordance with RULE 110. All portions of this form must be filled out completely for all wells on new and recompleted 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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1977
OIL CONSERVATION COMM.
HOBBS, N. M.