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U.S.O.R.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PROMOTION OFFICER	
Operator	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Dallas McCasland

Address
c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☒
Change in Ownership	☐	Coalinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

effective May 1, 1980

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name State "O"	Well No. 5	Pool Name, including Formation Scarborough Yates	Kind of Lease State, Federal or Foreign State	Lease No. B-1484
Location C	660	North	1980	West
Unit Letter 32	Township 26S	Range 37E	NMPM, Lea	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Cities Service Company	Address (Give address to which approved copy of this form is to be sent) Box 1919, Midland, TX 79702					
Name of Authorized Transporter of Coalinghead Gas ☐ or Dry Gas ☐ El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso TX 79978					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 32	Twp. 26S	Rgs. 37E	Is gas continually connected? Yes	When 11/9/77

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	Neat Well	Workover	Deepen	Plug Back	Same Ready	Drill Ready
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.D.T.D.			
Elevation (DF, RKB, RT, GP, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

ORIG. SIGNED BY: DONNA HOLMES
Agent

4/28/80

(Date)

OIL CONSERVATION DIVISION

APR 30 1980

APPROVED _____, 19____
BY Jerry Sexton
Dist. 1. Supv.
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.
Separate Forms C-104 must be filed for each pool in multiple completed wells.