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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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-110
Effective 1-1-65

I. 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	[X]	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

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
State "O"	5	Scarborough Yates-Seven Rivers	State, Federal or Fee State	B-1484

Location
Unit Letter C ; 660 Feet From The North Line and 1980 Feet From The West
Line of Section 32 Township 26 S Range 37 E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
None	
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	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	11/9/77

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

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
10/19/77	11/9/77	3250	3142
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
2942.2 GR	Yeses	2970	2840
Perforations			Depth Casing Shoe
2970 to 3080			3155

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	411	300
7 7/8	5 1/2	3155	800
	2 3/8	2840	

V. 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)

OIL WELL

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
300	24 hrs	None	
Testing Method (Pitot, Back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Orifice meter	FTP 100#	FCP 580#	1"

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.

Dennis Gables
(Signature)

Agent
(Title)

11/9/77
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 10 1977, 19

BY Jerry Sexton

TITLE SUPERVISOR DISTRICT I

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 operator, well name or number, or transporter, or other such change of condition.

INCLINATION REPORT

OPERATOR Dallas McCasland ADDRESS P.O. Box 206, Eunice, New Mexico 88231

LEASE NAME State "Q" WELL NO. 5 FIELD

LOCATION 660' FNL, 1980' FWL, Section 32, T-26S, R-37E, Lea County, New Mexico

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
416	1 1/4	9.0688	9.0688
916	1 1/2	13.1000	22.1688
1416	1 1/2	13.1000	35.2688
1633	1	3.7975	39.0663
2132	1	8.7325	47.7988
2632	1 1/4	10.9000	58.6988
3132	1 1/4	10.9000	69.5988

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

CACTUS DRILLING COMPANY

Gail Taylor

TITLE Garlin Taylor, Admn. Asst.

AFFIDAVIT:

Before me, the undersigned authority, appeared Garlin Taylor known to me to be the person whose name is subscribed herebelow, who, on making deposition, under oath states that he is acting for and in behalf of the operator of the well identified above, and that to the best of his knowledge and belief such well was not intentionally deviated from the true vertical whatsoever.

Gail Taylor

AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 27th day of October, 1977

Joan L. Burnside

Notary Public in and for the County of Lea, State of New Mexico

MY COMMISSION EXPIRES MARCH 1, 1980

SEAL