

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

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	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name  
and address of previous owner

NM-029050

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Federal "P"</b>	Well No. <b>5</b>	Pool Name, Including Formation <b>Scarborough-Yates SR</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>NM-029050</b>
Location Unit Letter <b>P</b> ; <b>660</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>East</b> Line of Section <b>29</b> Township <b>26S</b> Range <b>37E</b> , NMPM, <b>Lea</b> County				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>The Permian Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1183, Houston, Texas 77001</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>El Paso Natural Gas Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1492, El Paso, Texas 79978</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>I</b>	Sec. <b>29</b>	Twp. <b>26S</b>	Rge. <b>37E</b>	Is gas actually connected? <b>Yes</b>	When <b>3/26/79</b>

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Some Restr. Diff. Rev. <input type="checkbox"/>
Date Spudded <b>11/08/78</b>	Date Compl. Ready to Prod. <b>03/26/79</b>		Total Depth <b>3233</b>		F.B.T.D. <b>3207</b>		
Elevations (DE, RKB, RT, CR, etc.) <b>2963.2 KB</b>	Name of Producing Formation <b>Yates</b>		Top Oil/Gas Pay <b>2931</b>		Tubing Depth <b>3168</b>		
Perforations <b>2931 - 3181</b>					Depth Casing Shoe <b>3224</b>		

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>12 1/4</b>	<b>8 5/8</b>	<b>417</b>	<b>275</b>
<b>7 7/8</b>	<b>5 1/2</b>	<b>3224</b>	<b>750</b>
	<b>2 3/8</b>	<b>3168</b>	

## 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 oil able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <b>03/26/79</b>	Date of Test <b>04/06/79</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>—</b>	Casing Pressure <b>—</b>	Choke Size <b>—</b>
Actual Prod. During Test <b>22 bbls fluid</b>	Oil-Bbls. <b>21</b>	Water-Bbls. <b>1</b>	Gas-MCF <b>6190</b>

## 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

## VI. 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.

Agent

04/19/79

OIL CONSERVATION DIVISION <b>APR 20 1979</b>	
APPROVED	
BY <b>John W. Rungas</b>	
TITLE <b>Geologist</b>	

This form is to be filed in compliance with RULE 11.1.

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 11.1.

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 Form C-104 must be filed for each pool in multiple completed wells.

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APR 20 1979

OIL CONSERVATION COMM,  
HOBBS, N. M.