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LAND OFFICE	
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

1104BS OIL CONSERVATION COMMISSION
 FEB 20 4 35 AM '67

I. OPERATOR

Operator: **JACK L. MCCLELLAN**

Address: **P. O. Box 843, ROSWELL, NEW MEXICO 88201**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: Oil Dry Gas

Recompletion Casinghead Gas Condensate

Change in Ownership

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name SUZANNE STATE	Well No. I	Pool Name, Including Formation MESCALERO SAN ANDRES	Kind of Lease State, Federal or Fee STATE
Location: Unit Letter I ; 660 Feet From The EAST Line and 2310 Feet From The SOUTH			
Line of Section: 27 , Township 10-S , Range 32-E , NMPM, LEA County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> MCWOOD CORPORATION	Address (Give address to which approved copy of this form is to be sent) 2003 WILCO BUILDING, MIDLAND, TEXAS
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> WARREN PETROLEUM COMPANY	Address (Give address to which approved copy of this form is to be sent) Box 1539, TULSA, OKLAHOMA
If well produces oil or liquids, give location of tanks. Unit I , Sec. 27 , Twp. 10 , Rge. 32	Is gas actually connected? XXX No When _____

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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12/30/66	Date Compl. Ready to Prod. 1/13/67	Total Depth 4260	P.B.T.D. 4226					
Pool MESCALERO SAN ANDRES	Name of Producing Formation SLAUGHTER	Top Oil/Gas Pay 4057	Tubing Depth 4112					
Perforations 1 SHOT PER FOOT 4057, 4062½, 4074, 4081, 4093, 4107, 4111							Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

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 rop 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 (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.

Jack L. McClellan
 (Signature)
OPERATOR
 (Title)
FEBRUARY 23, 1967
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

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 Sections I, II, III, and VI only 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 multiply completed wells.