

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Roswell, New Mexico April 13, 1965
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Jack L. McClellan, Harris State, Well No. 3, in NW 1/4 SE 1/4,
(Company or Operator) *Sen Mayer* (Lease)
J, Sec. 23, T. 10-S, R. 32-E, NMPM., Mescalero San Andres Pool
Unit *Lea*

Please indicate location:

D	C	B	A
E	F	G	H
L	K	<input checked="" type="radio"/> J	I
M	N	O	P

2310' FS & 2310' FE
(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8	352	175
4-1/2	4337	200
2	4232	

County Date Spudded March 26, 1965 Date Drilling Completed April 8, 1965
Elevation 4322 DF Total Depth 4337 PBD 4322

Top Oil/Gas Pay 4160 Name of Prod. Form. San Andres

PRODUCING INTERVAL -

Perforations 4247, 48, 49, 50, 53, 54, 56, 57, 58, 59, 60. 1 shot/foot

Open Hole None Depth Casing Shoe 4336 Depth Tubing 4232

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke
load oil used): 120 bbls. oil, 12 bbls water in 24 hrs, _____ min. Size 2"

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 3000 acid

Casing Press. Pkr. _____ Tubing Press. 220 Date first new oil run to tanks April 13, 1965

Oil Transporter McWood Corporation

Gas Transporter _____

Remarks: _____

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved: _____, 19____

OIL CONSERVATION COMMISSION

By: _____

Title: _____

Jack L. McClellan
(Company or Operator)
By: *Jack L. McClellan*
(Signature)

Title: Operator

Send Communications regarding well to:

Name: Jack L. McClellan *Sen Mayer*

Address: Box 940, Roswell, New Mexico