

REQUEST FOR (OIL) - (GAS) ALLOWABLE OFFICE D. C. C. R. 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 QUADRUPPLICATE 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 December 11, 1963
(Place) (Date)

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

Jack L. McClellan Mark Federal Well No. 1 in 3W 1/4 SW 1/4

(Company or Operator) (Lease) M Sec. 26 T. 7-S R. 35-B NMPM. Without Pool

Unit Letter
Roosevelt

County. Date Spudded 10/31/63 Date Drilling Completed 11/23/63
Elevation 4215 DF Total Depth 4311 PBDT 4302

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

660' FS & 660' FW

Top Oil/Gas Pay 4211 Name of Prod. Form. San Andres

PRODUCING INTERVAL -

Perforations 4211, 4212, 4214, 4216, 4217, 4219, 4220, 4221

Open Hole Depth 4301 Casing Shoe Depth 4176 Tubing

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

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

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: 2,700 MCF/Day; Hours flowed 24

Choke Size 3 1/2" Method of Testing: Separator

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 1500 gals. 15% NE Acid

Casing Press. 0 (Plur.) Tubing Press. 325 Date first new oil run to tanks _____

Oil Transporter _____

Gas Transporter Not connected

Remarks: Well is being tested and negotiations being conducted to connect well to gas line.

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

Approved: _____, 19____

Jack L. McClellan

(Company or Operator)

OIL CONSERVATION COMMISSION

By: Jack L. McClellan

(Signature)

Title: Operator

Send Communications regarding well to:

Name: Jack L. McClellan

Address: P. O. Box 348, Roswell, New Mexico