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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

RECEIVE

MAY 22 1978

O. C. C.
ARTESIA, OFFICE

I.

Operator McCLELLAN OIL CORPORATION and J. PENROD TOLES	
Address P. O. Box 848, Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> <i>Re Entry</i> Recompletion <input type="checkbox"/> Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Other (Please explain) <i>none</i>	

If change of ownership give name
and address of previous owner

CASINGHEAD GAS MUST NOT BE
FLARED AFTER

UNLESS AN EXCEPTION TO Rule 30.6
IS OBTAINED

II. DESCRIPTION OF WELL AND LEASE

Lease Name McCrea Federal	Well No. 1	Pool Name, Including Formation Wildcat San Andres	Kind of Lease State, Federal or Fee Fed. NM	Lease No. 0559993
Location Unit Letter <i>N</i> ; <i>660</i> Feet From The <i>South</i> Line and <i>1980</i> Feet From The <i>West</i> Line of Section <i>31</i> Township <i>9-South</i> Range <i>26-East</i> , NMPM, <i>Chaves</i> 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"/> Navajo Crude Oil Purchasing	Address (Give address to which approved copy of this form is to be sent) Box 159, Artesia, New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Used for fuel on lease	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit <i>N</i>	Sec. <i>31</i>
	Twp. <i>9S</i>	Rge. <i>26E</i>
	Is gas actually connected? <i>No</i>	
	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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'v.	Diff. Res'v.
Date Spudded <i>3-22-78</i>	Date Compl. Ready to Prod. <i>3-26-78</i>	Total Depth <i>Orig. 1495'</i>	P.B.T.D. <i>1411'</i>					
Elevations (DF, RKB, RT, GR, etc.) <i>1872' GR.</i>	Name of Producing Formation <i>San Andres</i>	Top Oil/Gas Pay <i>1295'</i>	Tubing Depth <i>1260'</i>					
Perforations <i>1 sht/ft. 1/2"-1295-1299, 1306-1312, 1329-1332, 1340-43, 1350-56</i>			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<i>8"</i>	<i>7"</i>		<i>1280'</i>		<i>50 sx (Pulled 995')</i>			
<i>6 1/4"</i>	<i>4 1/2"</i>		<i>1411'</i>		<i>85 sx</i>			
	<i>2-3/8"</i>		<i>1260'</i>					

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <i>4/15/78</i>	Date of Test <i>5/11/78</i>	Producing Method (Flow, pump, gas lift, etc.) <i>Pumping</i>	
Length of Test <i>24 hours</i>	Tubing Pressure <i>0</i>	Casing Pressure <i>30</i>	Choke Size <i>2"</i>
Actual Prod. During Test <i>35</i>	Oil-Bbls. <i>5</i>	Water-Bbls. <i>30</i>	Gas-MCF <i>7</i>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Joe J. McClellan
(Signature)
Operator
(Title)
May 17, 1978
(Date)

OIL CONSERVATION COMMISSION

APPROVED *MAY 22 1978*
BY *W. A. Gressett*
TITLE *SUPERVISOR, DISTRICT II*

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 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.