*			
NO. OF COPIES RECE	IVED	Ĺ	
DISTRIBUTION			
SANTA FE			<u> </u>
FILE		1	1
U.S.G.S.			<u> </u>
LAND OFFICE			<u> </u>
TRANSPORTER	OIL	<u> </u>	<u> </u>
IRANSPORTER	GAS		
OPERATOR			<u> </u>
PROPATION OFFICE			1

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

AND

RANSPORT OIL AND NATURAL GAS

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

RECEIVED

Separate Forms C-104 must be filed for each pool in multiply

u.s.g.s.	AUTHORIZATION TO TRANS	SPURI VIL AND N	ATUNAL OA	o meditado	
LAND OFFICE OIL				MAY 9 7 10 7	
TRANSPORTER GAS				MAY 25 1981	
OPERATOR )					
PRORATION OFFICE	<u> </u>			ARTEN STATE	
Operator	noration (				
McClellan Oil Cor	poracion				
Drawer 730 Roswe	11. NM 88201				
Reason(s) for filing (Check proper box)		Other (Please	explain)		
New Well	Change in Transporter of:	F			
Recompletion	Oil Dry Gas	. <del>                                     </del>			
Change in Ownership	Casinghead Gas Condensa	ite []			
change of ownership give name					
nd address of previous owner					
DESCRIPTION OF WELL AND	LEASE			Lease No.	
Lease Name	Well No. Pool Name, Including Form	mation	Kind of Lease State, Federal o	_	
Coyote Draw Fed.	1 Wildcat Ab	0	State, Federal	Fed NM-28306	
Logation		660		Wost	
Unit Letter L; 165	O Feet From The South Line	and 660	Feet From Th	ne West	
_	0.0	25-E , NMPM	Chave	County	
Line of Section 6 Tov	wnship 8-5 Hange Z	<u> </u>			
DESIGNATION OF TRANSPOR' Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GAS	Address (Give address	to which approve	ed copy of this form is to be sent)	
Name of Authorized Transporter of	i i			( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	
Name of Authorized Transporter of Ca	singhead Gas 🔲 or Dry Gas 🔀		to which approve	ed copy of this form is to be sent)	
Transwestern Pipeli	ne Co.	Box 2521	Houston When	1	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connec	ear ime	10-1-81	
give location of tanks.		No yes	<del></del>	-01-81/	
If this production is commingled wi	ith that from any other lease or pool, g	give commingling orde	r number:		
COMPLETION DATA		New Well Workover	Deepen	Plug Back   Same Restv. Diff. Restv.	
Designate Type of Completi		Х	<u> </u>	1	
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
3/17/81	5/07/81	4078		4066 Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay 3518 356/		3500	
3776 G.L.	Abo	3518 3		Depth Casing Shoe	
Perforations				4066	
3561-3570 ; 3663-3	TUBING, CASING, AND	CEMENTING RECO	RD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH		SACKS CEMENT	
24	20	80		8 yards	
17 1/2	13 3/8	450		400 sx circ	
12 1/4	8 5/8	1710		↓ <del>775 ε×</del>	
7 7/8	4 1/2	4066	1	300 SX	
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a)	onth or be for Juli 24 not	urs j	and must be equal to or exceed top allow	
OIL WELL	Date of Test	Producing Method (FI	ow, pump, gas li	ft, etc.)	
Date First New Oil Run To Tanks	<b>Date 0. 700</b>				
Length of Test	Tubing Pressure	Casing Pressure		Choke Size	
Faudry of rear				Gas-MCF	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.			
		•			
GAS WELL	Length of Test	Bbls. Condensate/Mi	MCF	Gravity of Condensate	
Actual Prod. Test-MCF/D	4 hours	N/A		N/A	
1378.5 C.A.O.F. Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Sh	ut-in)	Choke Size	
4 point	1000 psi	1000 I	si		
. CERTIFICATE OF COMPLIA	<u> </u>	oii		ATION COMMISSION	
. CERTIFICATE OF COME 2			OCT 1 4	1981 19	
I hereby certify that the rules ar	nd regulations of the Oil Conservation	APPROVED		Gresset	
Commission have been complied	d with and that the information given the best of my knowledge and belief.	BY/	I BY		
above is true and complete to	555. 55	33 XIII	ERVISOR D	ISTRICT II	
	<b>-</b> 7				
	4.1		compliance with RULE 1104.		
/ Youl Kagrolale		If this is a well, this form	Inis form is to be stated and the state of the deviation of the deviation well, this form must be accompanied by a tabulation of the deviation well, this form must be accordance with RULE 111.		
Production Eng	inger		. Delamores P	nust be filled out completely for allowells.	
5-20-81			able 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 conditions well name or number, or transporter, or other such change of conditions.		
3-2001	(Date)			ust be filed for each pool in multip	
		I Senerate F	orms C-104 m	MAR AM ALL ALL	

## NEW MEXICO OIL CONSERVATION DIVISION

OCT 13 1981

P. O. DRAWER "DD"

O. C. D. MRTESIA, OFFICE

ARTESIA, NEW MEXICO 88210

OCT 15 % at

AIR MAIL

0.00 ARTESIA, OFFICE

NOTICE OF GAS CONNECTION

This is to notify the Oil  purchase of gas from the	McClellan Oil Corp. / Operator		
Coyote Draw - Federal Lease		Well #1 - Unit Letter-Unknown Well Unit	
6-8S-25E, Chaves County S.T.R.		Wildcat (Abo) Pool	
Transwestern Name of purchaser	was made on	October 1, 1981	
	<del></del>	Transwestern Pipeline Company Company	
	y	H. N. Aicklen Representative	

Supervisor Gas Purchase Contract Administration Title

Operator cc:

Oil Conservation Division - Santa Fe