į	HILL OF COPIES MECKINED						
	DISTRIBUTION	NEW MEXICO OF					
	SANTA FE		CONSERVATION COM	NOIفد،،	Form C-104		
i	FILE	A KEMOESI	FOR ALLOWABLE	ייייייי	Supersedes Uld Effective 1-1-6	C-104 and C-110	
	U.S.G.S.	ALITHODIZATION TO TO	AND RE	CEIVED			
	LAND OFFICE	AUTHORIZATION TO TR	ANSPURT OIL AND	NATURAL GAS			
	TRANSPORTER GAS GAS	1	VOV	5 1982			
	OPERATOR	1		. C. D.			
,	PRORATION OFFICE	1	_	SIA OFFICE	Š		
•	Operator		AKIE	SIA, OITICE		·	
	McClellan Oil Corporation Address						
	P.O. Drawer 730, Roswe						
	Reason(s) for filing (Check proper box	)	Other (Pleas	e explain)			
	New Well	Change in Transporter of:	_			·	
į	Recompletion	Oil Dry G	as 🔲				
	Change in Ownership	Casinghead Gas Conde	ensate				
	If change of ownership give name and address of previous owner				· · · · · · · · · · · · · · · · · · ·		
11.	DESCRIPTION OF WELL AND Lease Name	LEASE   Well No.   Pool Name, Including F	Cormation	Kind of Lease		7	
				State, Federal or F	es Fodoval	Lease No.	
	McClellan Fed MOC	3 Pecos Slope A	NDO .	State, redetal of P	•• Federal	NM-14294	
		20 11+	cco		C 41		
	Unit Letter N; 198	BO Feet From The West Li	ne and DDU	Feet From The _	South		
	Line of Section 29 Tov	waship 5-S Range	25-E , NMPN	. Chaves		County	
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS							
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of the		opy of this form is to	be sent)				
		anu of this form is t	. h				
Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be			o de sentj				
	Transwestern Pipeline (		Box 2521, Hou		//001	<del></del>	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connect		1-83- 2 2	23	
	If this production is commingled wit	th that from any other lease or pool,	give commingling orde	r number:			
• 1		Oil Well Gas Well	New Well Workover	Deepen Plu	g Back   Same Res	v. Diff. Res'v.	
	Designate Type of Completion	on = (X)	X		i		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.1	3.T.D.		
i	10-6-82	10-30-82	4101'		4101' ==	·	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tu	bing Depth		
	3797 G.L.	Abo	3697'		3760'		
ı	Perforations	I Abu		De	pth Casing Shoe	······	
	3697_3706 3717_23 373	7/170 3013_//1	.41		4101'		
ł	3697-3706, 3717-23, 3774-78, 3813-41 4101 4101 TUBING, CASING, AND CEMENTING RECORD			····			
ı	HOLE SIZE	CASING & TUBING SIZE	DEPTH S		SACKS CEM	ENT	
ł	12-1/2"	8-5/8"	1003'		550 sx		
Ì	7-7/8"	4-1/3"	4101'		450 sx		
ł	1-110	1 7 2					
		23/2	3760				
	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be d	after recovery of total volu		nust be equal to or e	xceed top allow-	
j	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flor	v, pump, gas lift, etc	:.)	***	
- 1			<u></u>	· · · · · · · · · · · · · · · · · · ·			

OH, WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pu	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	<del></del>
Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-MCF	

GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
13.132	4 hours			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
Back Pressure	1000	1000	Variable	

## I. 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.

bove is true and complete to the best of my knowledge and belief.
Voil Landal.
(Signature)
Operations Manager
(Title)
November 4, 1982

(Date)

OIL CONSERVATION COMMISSION

APPROV	FEB 1 4 1983	, 19
BY .	Original Signed By .	
	Leslie A. Clements Supervisor District II	
IIILE _		

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

## NEW MEXICO OIL CONSERVATION DIVISION

RECEIVED

P. O. DRAWER "DD"

FEB 11 1983

ARTESIA, NEW MEXICO 88210

O. C. D. ARTESIA, OFFICE

DATE February 9, 1983 NOTICE OF GAS CONNECTION This is to notify the Oil Conservation Division that connection for the McClellan Oil Corp. purchase of gas from the \_\_\_\_\_ Operator Well #3 - Unit Letter Unknown "MOC" Federal Well Unit 29-5S-25E, Chaves County S.T.R. February 2, 1983 was made on Transwestern Name of purchaser Transwestern Pipeline Company Company Supervisor Gas Purchase Contract Administration Title

cc: Operator

Oil Conservation Division - Santa Fe