SANTA FE	NEW ME		EMEN	MON COM	MISSION	Form C-104	
FILE	V KE	QUEER	CEURAL EDWABLE			Supersedes Old C-104 and C-1 Effective 1-1-65	
U.S.G.S.	AUTHORIZATION	T (A C) (C)	AND		MATURAL		
LAND OFFICE	AUTHORIZATION	CANA	AUGUSTURQ S	MUL AND	NATURAL	GAS	
TRANSPORTER OIL GAS			D. C. D.	CE			
OPERATOR V	—	Appen	CSIA, OTT				
PRORATION OFFICE	_						
McClellan Oil Cor	poration /					· · · · · · · · · · · · · · · · · · ·	
P.O. Drawer 730, I	Roswell. NM 88201						
Reason(s) for filing (Check proper b				Other (Place	a austain l		
New Well	Change in Transporter of:			Other (Pleas	e expiainj		
Recompletion	011	Dry Go	,s				
Change in Ownership	Casinghead Gas	Conde					
f change of ownership give name and address of previous owner					,		
DESCRIPTION OF WELL AND	D LEASE						
Lease Name ACC	Well No.	Pool Na	me, Includin	g Formation		Kind of Lease NM-36409	
McClellan Fed. MOC	- 4	Peco	s Slope	Abo		State, Federal or Fee Fed.	
Location							
Unit Letter 0; 9	990 Feet From The South	<u>Lin</u>	e and	1650	Feet From	The <u>East</u>	
Line of Section 29 , T	'ownship 5-S Ra	inge	25-E	, NMPM	1,	Chaves County	
ESIGNATION OF TRANSPO	RTER OF OIL AND NATUE	AL GA	S				
Name of Authorized Transporter of	or Condensate	ML UN		Give address	to which appr	oved copy of this form is to be sent)	
Maraso Kut.						, , , , , , , , , , , , , , , , , , , ,	
Name of Authorized Transporter of C		XX	Address (C	ive address	to which appre	oved copy of this form is to be sent)	
Tranśwestern Pipel		Box 2521, Houston, TX 77252					
If well produces oil or liquids,	Rge.	Is gas actually connected? When					
give location of tanks.	10 29 5	25	No		į		
this production is commingled w		or pool,	give commi	ingling order	number:		
Designate Type of Complet	ion = (X)	x Well	New Well	Workover	Deepen	Plug Back Same Res'v. Diff. Res'v.	
Date Spudded	Date Compl. Ready to Prod.	^	X Total Dept	h	- 	1000	
2/9/84	3/21/84		1			P.B.T.D.	
Pool	Name of Producing Formation		4200 ' Top Oil/Gas Pay			4080 ' Tubing Depth	
Pecos Slope	Abo		3799'				
Perforations				1733		3745 Depth Casing Shoe	
3799'-3867'							
	TUBING, CASIN	IG. AND	CEMENTI	NG RECOR	<u> </u>	4080'	
HOLE SIZE	CASING & TUBING SIZ		DEPTH SET			SACKS CEMENT	
12-1"	8-5/8"		920'			550 sx	
7-7/8"	4-1"		4080'			365 sx	
	93/4					J0J 5X	
EST DATA AND REQUEST F	FOR ALLOWARIE (Tours			3745	4		
IL WELL		ust be aft this der	ter recovery the or be for	of total volum full 24 hours	ne of load oil)	and must be equal to or exceed top allow-	
Date First New Oil Run To Tanks	Date of Test		<u> </u>		, pump, gas li	ft, etc.)	
ength of Test	Tubing Pressure		Casina Dro	SSUFE		Choke Size	
			Casing Pressure			Choke Size	
tual Prod. During Test Oil-Bbls.			Water-Bbls.			Gas - MCF	
							
AS WELL Actual Prod. Test-MCF/D	1, , , , , ,						
8960	Length of Test		Bbls. Conde	ensate/MMCF		Gravity of Condensate	
esting Method (pitot, back pr.)	4 hours					_	
	Tubing Pressure		Casing Pres			Choke Size	
Back Pressure	950			950		3/4	
ERTIFICATE OF COMPLIAN	CE			OIL C	ONSERVA	TION COMMISSION	
		H			Į	- · · ·	

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.

Operations Manager

(Title)

4/3/84

APPROVED TITLE.

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 Sections I, II, III, and VI only 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.