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	GAS	
OPERATOR		✓
PRORATION OFFICE		

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

APR 11 1983

O. C. D.  
ARTESIA, OFFICE

Operator McClellan Oil Corporation	
Address P.O. Drawer 730, Roswell, New Mexico 88202	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Testing Allowable for April 500 BOPD.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE				
Lease Name North New Mill Fed.	Well No. 1	Pool Name, Including Formation Wildcat, Strawn	Kind of Lease State, Federal or Fee Federal	Lease No. NM-18967
Location				
Unit Letter D	660	Feet From The north	Line and 660'	Feet From The west
Line of Section 15	Township 4S	Range 27E	, NMPM, Chaves County	

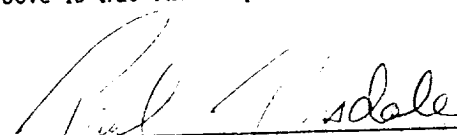
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 Sec. Twp. Rge. Is gas actually connected? No When

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res't'v. <input type="checkbox"/> Diff. Res't'v. <input type="checkbox"/>		
Date Spudded 12-05-83	Date Compl. Ready to Prod. 4-08-83	Total Depth 6850'	P.B.T.D. 6610'
Elevations (DF, RKB, RT, GR, etc.) 3952' G.L.	Name of Producing Formation Strawn	Top Oil/Gas Pay	Tubing Depth 6380'
Perforations 6400' - 6532'			Depth Casing Shoe 6803'
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL			
Date First New Oil Run To Tanks 4-08-83	Date of Test 4/09/83 - 5/01/83	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 500 BOPD	Water-Bbls.	Gas-MCF

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.	
	
(Signature)	
Operations Manager	
(Title)	
4-8-83	
(Date)	

OIL CONSERVATION COMMISSION	
APR 12 1983	
APPROVED _____, 19__	
Original Signed By	
BY Leslie A. Clements	
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.	