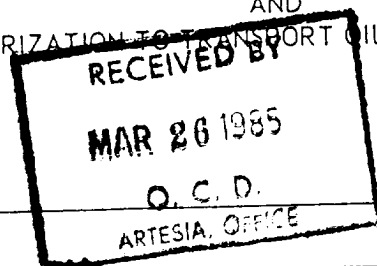


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DISTRIBUTION		
SANTA FE		✓
FILE		✓
U.S.G.S.		✓
LAND OFFICE		
TRANSPORTER	OIL	✓
	GAS	✓
OPERATOR		✓
PRORATION OFFICE		

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-105
Effective 1-1-65



Operator
McClellan Oil Corporation ✓

Address
P.O. Drawer 730, Roswell, NM 88202

Reason(s) for filing (Check proper box)

New Well ☒
Recompletion ☐
Change in Ownership ☐

Addition of
Change in Transporter of:
Oil ☐
Casinghead Gas ☐

Dry Gas ☐
Condensate ☒

Other (Please explain)

Address Change:
Designation of Transporter of Condensate

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Paula Federal	Well No. 1	Pool Name, Including Formation Sams Ranch - Grayburg	Kind of Lease State, Federal or Fee Federal
Location Unit Letter <u>E</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>12</u> , Township <u>14-S</u> Range <u>28-E</u> , NMPM, <u>Chaves</u> Count			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Refining Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 12	Twp. 14S	Rge. 28E	Is gas actually connected? Yes	When 3-23-84

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Re
Date Spudded Submitted: 3-20-84	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Fast ID-3
			3-29-85
			Add WT. NBC

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 of
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	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	Casing Pressure	Choke Size

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.

Paul Ragsdale
(Signature)
Operations Manager
(Title)
3-20-85
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 27 1985, 19____
BY ORIGINAL SIGNED
BY LARRY BROOKS
TITLE GEOLOGIST - NMCCD

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep
well, this form must be accompanied by a tabulation of the devi
tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for a
able on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of o
well name or number, or transporter, or other such change of cond

Separate Forms C-104 must be filed for each pool in mu
completed wells.