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TRANSPORTER	OIL <input type="checkbox"/>
	GAS <input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input type="checkbox"/>

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-11
Effective 1-1-65

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JUL 05 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)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Suzanne Federal	Well No. Pool Name, Including Formation 1 Abo	Kind of Lease State, Federal or Fee Federal	Lease No. NM-18213
Location			
Unit Letter A	990 Feet From The North	Line and 660	Feet From The East
Line of Section 23	Township 10-S	Range 25-E	NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Transwestern Pipeline	P.O. Box 2521, Houston, TX 77252	
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge.
		Is gas actually connected? When
		No 1984

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 4/21/83	Date Compl. Ready to Prod. 6/28/83	Total Depth 4588'	P.B.T.D. 4540'					
Elevations (DF, RKB, RT, GR, etc., 3731' G.L.	Name of Producing Formation Abo	Top Oil/Gas Pay 3940'	Tubing Depth 4121'					
Perforations 4181,82,84,86,88,91,93,95,97,4202,03,4231,32,33,4322,23,24,33, 4334,43,45,46	Depth Casing Shoe 4540'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12-1/2"	8-5/8"	903'		550				
7-7/8"	4-1/2"	4588'		200				

V. 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 allowable 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 970	Length of Test 4 Hours	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 941	Casing Pressure (shut-in) 960	Choke Size 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.

Paul Ragdale
(Signature)
Operations Manager
(Title)
7/1/83
(Date)

OIL CONSERVATION COMMISSION

MAY 10 1984

APPROVED _____, 19

BY Mike Williams

TITLE OIL AND GAS INSPECTOR

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.

NEW MEXICO OIL CONSERVATION DIVISION

P. O. DRAWER "DD"

ARTESIA, NEW MEXICO 88210

RECEIVED BY

MAY 7 1984

O. C. D.
ARTESIA, OFFICE

NOTICE OF GAS CONNECTION

DATE May 1, 1984

This is to notify the Oil Conservation Division that connection for the
purchase of gas from the McClellan Oil Corp. ✓
Operator

Suzanne Fed.

Lease

#1 - Unit Letter ~~Unknown~~
Well Unit

23-10S-25E, Chaves County
S.T.R.

Pecos Slope, South (Abo)
Pool

Transwestern
Name of Purchaser

was made on April 26, 1984

Transwestern Pipeline Company
Company

Rodney C. Burke Rodney C. Burke
Representative

Jr. Analyst, Contract Administration
Title

cc: Operator
Oil Conservation Division
P. O. Box 2088
Santa Fe, New Mexico 87501