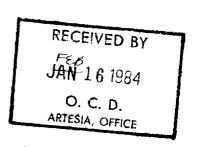
	NO. OF COPIES RECEIVED									
- {	DISTRIBUTION			NEW MEXICO OIL C	ONSERVATION COM	MISSION	Form C+D4			
	SANTA FE			REQUEST	FOR ALLOWABLE	RECEI	VED Byupersed & Ol	d C-104 and C-11		
ļ	FILE		<u> </u>		AND		Filectiae 1-1-	55		
	U.S.G.S.			AUTHORIZATION TO TRA	INSPORT OIL AND	NATHIRAL G	<b>45</b> 1983			
	LAND OFFICE		_			1 1101 2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	TRANSPORTER GAS					0.	C. D.			
	OPERATOR		$\dashv$			ARTESI	A, OFFICE			
	PROPATION OFFICE	-	$\dashv$			L.				
1.	Operator									
	McClellan Oil	Corp	or	ation 🖊						
	ddress									
	P.O. Drawer 73	P.O. Drawer 730, Roswell, New Mexico 88202								
	Reason(s) for Hing (Check pr	roper b	box)		Other (Plea	se explain)				
	New Weil			Change in Transporter of:	_					
	Recompletion			OII Dry Ga	<del></del> 1					
	Change in Ownership			Casinghead Gas Conden	asate					
	If change of ownership give	name	2							
	and address of previous ow							<del></del>		
	DESCRIPTION OF WELL	r Abi	<b>.</b>	EACE						
11.	DESCRIPTION OF WELL	LAN	υL	Well No. Pool Name, Including Fo	ormation	Kind of Lease		Lease No.		
	PJ Fed. Comm.			2   South Pecos S1d	ope Abo	State, Federal	or Fee Federal	NM-11596		
	Location				- F	<u> </u>	1000101	<u> </u>		
	Unit Letter B	. 6	560	Feet From The North Lin	• and 1650	Feet From T	Last			
	Onit Detter	·		Line Line	e dild	reetrionii	ne			
	Line of Section 13		Town	nship 9-S Range	25-E , NMF	<sub>м,</sub> Cha	ves	County		
П.		_		ER OF OIL AND NATURAL GA						
	Name of Authorized Transport	ter of (	Oil	or Condensate	Address (Give address	s to which approv	ed copy of this form is	to be sent)		
į					ļ.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
j	Name of Authorized Transport						ed copy of this form is	to be sent)		
Ì	Transwestern P	ı pe i			Box 2520, Ho			· · · · · · · · · · · · · · · · · · ·		
	If well produces oil or liquids	1,	•	Unit Sec. Twp. Rge.	Is gas actually connec	oted? Whe	n 1 - 2 ~/	/		
[	give location of tanks.		i	i	No yes	<u> </u>	2-1-81			
	•	gled	with	n that from any other lease or pool,	give commingling ord	er number:		<u> </u>		
٧.	COMPLETION DATA			Oil Well Gas Well	New Well Workover	Deepen	Plug Back   Same Re	s'v. Diff. Res'v.		
	Designate Type of Co	mple	tior	i = (X)	Y	1	1			
	Date Spudded		T	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	<del></del>		
	9-24-83			10-24-83	4550'		4434'			
	Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
	3702' G.R.			Abo	4189'		4125'			
	Perforations		-				Depth Casing Shoe			
	4189,91,93,94,95,4262,64,65,4327,28,29,30,31,4332,33,35,36 4500'									
			TUBING, CASING, AND	CEMENTING RECORD						
	HOLE SIZE			CASING & TUBING SIZE	DEPTH	SET	SACKS CE	MENT		
	17-1"		_	13-3/8"	75'		150			
	12-1"		_	8-5/8"	922'		500			
į	7-7/8"			4-1/2"	4500'		280			
				23/8	4125		i	<del></del>		
	TEST DATA AND REQU	EST	FO	RALLOWABLE (Test must be of able for this de	ter recovery of total vo pth or be for full 24 hou		and must be equal to or	exceed top allow-		
ī	OH, WELL  Date First New Oil Run To To	ank s		Date of Test	Producing Method (Flow, pump, gas lift, etc.)					
				,						
ł	Length of Test	·····		Tubing Pressure	Casing Pressure		Choke Size			
Ì				ļ						
ľ	Actual Prod. During Test			Oil-Bbls.	Water-Bble.		Gas-MCF			
•										
	GAS WELL									
ſ	Actual Prod. Test-MCF/D			Length of Test	Bbls. Condensate/MM	CF	Gravity of Condensate	)		
L	1,000			4 hours	<u> </u>			<u> </u>		
	Testing Method (pitot, back p	r.)	-	Tubing Pressure (Shut-in)	Casing Pressure (Shu	t-in)	Choke Size			
L	back pressure			1000	1000	<del></del>	3/4			
I.	CERTIFICATE OF COM	PLIA	NC	E	OIL	CONSERVA	TION COMMISSIO	N		
				APPROVED FEB 2 0 1984						
1	hereby certify that the rul	es an	d re	gulations of the Oil Conservation	APPROVED FEB & U 1304					
(	Commission have been con above is true and complete	npiied e to t	. Wi the	th and that the information given best of my knowledge and belief.						
				-	! Supervisor District II					
	1 1	,								
					This form is to be filed in compliance with RULE 1104.					
	Mark Lac	L	<u>,                                      </u>	If this is a re	quest for allow	able for a newly drill iled by a tabulation of	ed or deepened			
		-	we)	tests taken on the	well in accon	sence with RULE !!	1,			
-	Ope			ns Manager	All sections of this form must be filled out completely for allowable on new and recompleted wells.					
		•	Titl	·						
		_11/	1/8 (Dat	44	Fill out only well name or numb	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

P. O. BOX 1980

HOBBS, NEW MEXICO 88240



NOTICE OF GAS CONNECTION	DATE February 9, 1984
This is to notify the Oil Co	onservation Division that connection for the purchase  McClellan Oil Corp.
	Operator
PJ Fed. Com.	#2 - Unit Letter <del>Unknown</del> $oldsymbol{eta}$
Lease	Well Unit
13-9S-25E, Chaves County	Lenth Perox Llope Undesignated (Abo) Pool
S.T.R.	P001
Transwestern Name of purchaser	was made on February 7, 1984
•	Transwestern Pipeline Company
	Company  Rodney C. Burke  Representative
	Jr. Analyst
	Title

cc: Operator

Oil Conservation Division - Santa Fe