

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>
TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	<input checked="" 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

RECEIVED BY

JUN 22 1987

O. C. D.
ARTESIA, OFFICE

I. Operator
McClellan Oil Corporation
Address
P.O. Drawer 730, Roswell, NM 88202
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name MOC Federal Well No. 11 Pool Name, Including Formation Pecos Slope Abo Kind of Lease State, Federal or Fee Federal
Location
Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East
Line of Section 28 , Township 5S Range 25E , NMPM, Chaves County

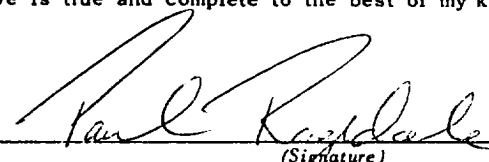
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)
Transwestern Pipeline Company P.O. Box 1188, Houston, TX 77251-1188
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When
#6 yes 11-19-87

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

IV. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
Date Spudded 4/27/87 Date Compl. Ready to Prod. 5/5/87 6-1-87 Total Depth 4275' P.B.T.D. 4095'
Pool Pecos Slope Abo Name of Producing Formation Abo Top Oil/Gas Pay 3712' Tubing Depth 3698'
Perforations 3712,13,14,15,16,17,3723,25,26,30,3744,45,46,47,48,49,50,3852,53,54,55, Depth Casing Shoe 4095'
3862,63,64,65,66,68 TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
12 1/2" 8-5/8" 887' 450 sx
7-7/8" 4 1/2" 4136' 230 sx
2 3/8 3698

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 1300 Length of Test 24 hours Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (pitot, back pr.) back pressure Tubing Pressure 200 Casing Pressure 500 Choke Size 1/2"

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.

Operations Manager
(Date) 6/17/87

OIL CONSERVATION COMMISSION
APPROVED DEC 29 1987
BY Original Signed By Mike Williams
TITLE Oil & 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 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.