	NO. OF COPIES RECEIVED				
	SANTA FE		CONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11	
	U.S.G.S.	4	AND	Effective 1-1-65	
	LAND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL G	AS	
	TRANSPORTER GAS	- l			
	OPERATOR PRORATION OFFICE	APR 17 1	987		
1.	Operator				
	McClellan Oil Corporat	ion ARTESIA, O	FFICE		
	P.O. Drawer 730, Roswe	11, NM 88202			
	Reason(s) for filing (Check proper box New Well	Change in Transporter of:	Oth Hold for make	id	
	Recompletion	Oil Dry G	as I sommet	7	
	Change in Ownership	Casinghead Gas Conde			
	If change of ownership give name and address of previous owner		notice when		
II.	DESCRIPTION OF WELL AND	LEASE	£ 404 20		
	MM Federal	Well No. Pool No		e	
	Location	14 O.Peco	s Slope Ab o	or Fee Federal	
·	Unit Letter 0 ; 660) Feet From The South Liv	ne and 1980 Feet From Th	he East	
	Line of Section 25 , To	wnship 9-S Range	25-E , NMPM,	Chaves County	
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	18		
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approve	ed copy of this form is to be sent)	
	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas X	Address (Give address to which approve	ed conv of this form is as he	
	Transwestern Pipeline		Box 2521, Houston, TX 77		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? When		
	If this production is commingled wi	th that from any other lease or pool,	<u> </u>		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completion	Date Compl. Ready to Prod.	X		
	3/14/87	3/31/87	Total Depth 4480'	P.B.T.D. 4400'	
	Pecso Slope	Name of Producing Formation Abo	Top Oil/Gas Pay 40 7/)	Tubing Depth 4360'	
ļ	Perforations	<u> </u>		Depth Casing Shoe	
}	4070,71,72,73,74,76,77,78,79,4111,12,4185,86,87,88,89,90,93 4400 4400 4400 4400 4400 4400 4400 44				
ļ	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
}	12½" 7-7/8"	8-5/8" 4-½"	956 ' 4400 '	500 sx 250 sx	
ļ		2		230 SX	
v	TERM DAMA AND DECIDED TO	23/8	4360		
	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-Bbis.	Water-Bbls.	Gas - MCF	
Į.					
	GAS WELL				
ſ	Actual Prod. Test-MCF/D 1535.9	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
1	Testing Method (pitot, back pr.)	24 hours Tubing Pressure	- Casing Pressure	Choke Size	
Į	back pressure	262	446.6	32/64"	
VI.	CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation		OIL CONSERVAT	TION COMMISSION	
			APPROVED	, 19	
	Commission have been complied wabove is true and complete to the	with and that the information given best of my knowledge and belief.	BY		
			TITLE		
			This form is to be filed in compliance with RULE 1104.		
-	(Signature)		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		
-	Operation:	s Manager	tests taken on the well in accorda	ance with RULE 111. be filled out completely for allow-	
•	Operations Manager (Title) 4-16-87		able on new and recompleted well	s.	
-	7-D6-87	tc)	well name or number, or transporter		
			Separate Forms C-104 must completed wells.	be filed for each pool in multiply	

I.	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator McClellan Oil Corporat Address P.O. Drawer 730, Roswe Reason(s) for filing (Check proper be New Well Recompletion Change in Ownership	AUTHORIZATION TO THE RECEIVED BY APR 17 1987 O. C. D. ARTESIA, OFFICE Change in Transporter of: OIL Dry C	Other (Please explain)	Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65 L GAS
Î	f change of ownership give name nd address of previous owner			
II. 1	DESCRIPTION OF WELL AND		ame, Including Formation	Kind of Lease
ļ.,	MM Federal	1 - (1'	s Slope Abo	State, Federal or Fee Federal
•	Unit Letter 0; 66	O Feet From The South Li	ne and 1980 Feet From	r The East
	Line of Section 25	• -	25-E , NMPM.	Chause
 II. T	ESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	,	Crid VES County
	Name of Authorized Transporter of Oi	or Condensate	AS Address (Give address to which app	roved copy of this form is to be sent)
	Name of Authorized Transporter of Casinghead Gas or Dry Gas (X)		Address (Give address to which approved copy of this form is to be sent)	
<u> </u>	Transwestern Pipeline	Unit Sec. Twp. Rge.	Box 2521, Houston, TX	77001
	if well produces oil or liquids, give location of tanks.	i i i i	NO NO	/hen
Ιί V . <u>C</u>	this production is commingled with the completion of the completion of the complete with the complete	th that from any other lease or pool,	give commingling order number:	
	Designate Type of Completi	on - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
- 1	Pate Spudded 3/14/87	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
-	7/ 14/0/ Pool	3/31/87 Name of Producing Formation	4480 ' Top Oil/Gas Pay	4400' Tubing Depth
i —	Pecso Slope	Abo	4070	4360'
l l		,78,79,4111,12,4185,86,87	7,88,89,90,93	Depth Casing Shoe
-	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD	
	12½ " 7-7/8"	8-5/8"	956 '	500 SX
	7-7/0	4-1211	4400'	250 sx
		23/8	4360	
O	EST DATA AND REQUEST F	able for this de	pth or be for full 24 hours)	l and must be equal to or exceed top allow-
	ate First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
ī	ength of Test	Tubing Pressure	Casing Pressure	Choke Size
Ā	ctual Prod. During Test	Oll-Bbis.	Water - Bbls.	Gas+MCF
_				
	AS WELL ctual Prod. Test-MCF/D			
	1535.9	Length of Test 24 hours	Bbls. Condensate/MMCF	Gravity of Condensate
	esting Method (pitot, back pr.) ack pressure	Tubing Pressure	Casing Pressure	Choke Size
_	ERTIFICATE OF COMPLIANCE	262 CE	446.6	32/64"
			OIL CONSERVATION COMMISSION	
Co	mmission have been complied w	egulations of the Oil Conservation ith and that the information given best of my knowledge and belief.		, 19
	ove to true and complete to the	best of my knowledge and belief.	BY	
	//1/	,	TITLE	
		dale	If this is a request for allow	compliance with RULE 1104. wable for a newly drilled or deepened
	(S)kna Operations	1		nied by a tabulation of the deviation
Operations Manager (Title) 4-16-87 (Date)			All sections of this form mu able on new and recompleted we	est be filled out completely for allowells.
			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.	

1.	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OPERATOR PRORATION OFFICE Operator McClellan Oil Corporat Address P.O. Drawer 730, Roswe Reason(s) for filing (Check proper box New Well Recompletion Change in Ownership	AUTHORIZATION TO TRESIVED BAPR 17 198 O. C. D. ARTESIA, OFFICE Change in Transporter of: Oil Dry C	Other (Please explain)	Form C-104 Supersedes Old G-104 and C-1 Effective 1-1-65 GAS	
	If change of ownership give name and address of previous owner				
II.	DESCRIPTION OF WELL AND Lease Name MM Federal Location Unit Letter 0 660	Well No Pool No 4 Pec o	s Slope Abo ne and Feet From 1	Kind of Lease State, Federal or Fee Federal The East	
**			25-Е , ммрм,	Chaves County	
	Name of Authorized Transporter of Oil Name of Authorized Transporter of Car Transwestern Pipeline If well produces oil or liquids, give location of tanks. If this production is commingled will		Address (Give address to which approved Box 2521, Houston, TX 7) Is gas actually connected? Whe	ed copy of this form is to be sent)	
v .	COMPLETION DATA Designate Type of Completic	on - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Date Spudded 3/14/87	Date Compl. Ready to Prod.	Total Depth 4480	P.B.T.D. 4400	
	Pecso Slope Perforations	Name of Producing Formation Abo	Top Oil/Gas Pay 4070	Tubing Depth 4360' Depth Casing Shoe	
	40/0,/1,/2,73,74,76,77,	78,79,4111,12,4185,86,87 TUBING, CASING, AN	7,88,89,90,93 D CEMENTING RECORD	4400'	
}	HOLE SIZE 12½"	CASING & TUBING SIZE	DEPTH SET 956 '	SACKS CEMENT .	
t	7-7/8"	4-1211	4400'	500 sx 250 sx	
-		2/2			
۷. ۲	TEST DATA AND REQUEST FO	OR ALLOWARIE (Test must be a	4360		
	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-Bbis.	Water - Abls.	Gas-MCF	
· -					
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
-	1535.9	24 hours	-	-	
- 1	Testing Method (pitot, back pr.) back pressure	Tubing Pressure 262	Casing Pressure	Choke Size	
L	CERTIFICATE OF COMPLIANCE	····	446.6	32/64" TION COMMISSION	
	hereby certify that the rules and recommission have been complied we have is true and complete to the large of the large o	ith and that the information given best of my knowledge and belief. Lule ture) Manager	TITLE This form is to be filed in concept of this is a request for allowed well, this form must be accompanities taken on the well in accord all sections of this form must able on new and recompleted well fill out Sections I, II, III, awell name or number, or transporter	ompliance with RULE 1104. The for a newly drilled or deepened ied by a tabulation of the deviation ance with RULE 111. The filled out completely for allow-	

	W0 07 000			
	DISTRIBUTION			
	SANTA FE		CONSERVATION COMMISSION	Form C-104
	FILE	REQUEST	T FOR ALLOWABLE	Supersedes Old C-104 and C- Effective 1-1-65
	U.S.G.S.	ALITHOPIZATION TO TE	AND RANSPORT OIL AND NATURAL	
	LAND OFFICE I'RANSPORTER OIL	RECEIVE		. GAS
	GAS OPERATOR	APR 17 1		
I.	PRORATION OFFICE			
	McClellan Oil Corpora	O. C. E		
	P.O. Drawer 730, Roswell, NM 88202			
	Reason(s) for filing (Check proper b	ox)	Other (Please explain)	
	New Well	Change in Transporter of:		
	Recompletion Change in Ownership	Oil Dry G		
	Change in Ownership	Casinghead Gas Conde	ensate	
	If change of ownership give name and address of previous owner			-
II.	DESCRIPTION OF WELL AND	LEASE Well No. Pool No.	ame, Including Formation	Kind of Lease
	MM Federal	4 \$Peco	s Slope Abo	State, Federal or Fee Federal
	Location 0 66			. cdci u i
	Unit Letter 0 , 66	reet from The SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	ne and 1980 Feet From	The East
!			25-Е , ммрм,	Chaves County
II.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	AS	
	Transportar of C	or Condensate	Address (Give address to which appr	oved copy of this form is to be sent)
	Name of Authorized Transporter of C	asinghead Gas or Dry Gas X	Address (Give address to which appr	oved copy of this form is to be sent)
	Transwestern Pipeline		Box 2521, Houston, TX 77001	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.		hen
	give location of tanks.		No !	
v .	If this production is commingled w COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:	
	Designate Type of Complet	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Date Spudded	Date Compl. Ready to Prod.	X	
	3/14/87	3/31/87	Total Depth 4480 '	P.B.T.D.
	Pool	Name of Producing Formation	Top Oil/Gas Pay	4400 ' Tubing Depth
	Pecso Slope	Abo	4360	4360'
	Perforations 4070 71 72 73 74 76 77	79 70 4111 12 4105 06 0	7 00 00 00 00	Depth Casing Shoe
ŀ	4070,71,72,73,74,70,77	,78,79,4111,12,4185,86,87		4400'
ŀ	HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD	
- 1	12½"	8-5/8"	956 '	500 SX
	7-7/8"	4-111	4400'	250 sx
-				
		2 3/8	4360	
	TEST DATA AND REQUEST F OIL WELL		fter recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top allow-
ſ	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ift, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
-	Actual Prod. During Test	Oil-Bbls.	Water-Hbls.	Gas-MCF
				Gras-MOT
_	GAS WELL Actual Prod. Test-MCF/D			
	1535.9	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
-	Testing Method (pitot, back pr.)	24 hours Tubing Pressure	Casing Pressure	<u> </u>
	back pressure	262	446.6	Choke Size
٠.	CERTIFICATE OF COMPLIAN	- 	1	L 32/64" ATION COMMISSION
			The solution of the solution o	
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.		APPROVED, 19	
8			BY	
		_		
	1/2/	2	TITLE	
				compliance with RULE 1104.
-	(Signature)		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	
		s Manager	tests taken on the well in accou	
(201.1)		II AII SECTIONS OF THIS FORM MU	st be filled out completely for allow-	

٧.

(Title)

(Date)

4-16-87

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.

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

1. F	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OPERATOR PRORATION OFFICE Operator McClellan Oil Corpora Address P.O. Drawer 730, Roswa Reason(s) for filing (Check proper b) New Well Recompletion Change in Ownership Change of ownership give name	AUTHORIZATION TO TO RECEIVE APR 17 O. C. ARTESIA, CO. Change in Transporter of: OIL Dry Co.	D. Other (Please explain)	Form C-104 Supersedes Old E-104 and C-1 Effective 1-1-65 GAS
an	nd address of previous owner			
II. D	ESCRIPTION OF WELL AND case Name		lame, Including Formation	Mark 1
	M Federal		os Slope Abo	State, Federal or Fee Federal
	Unit Letter 0 66	O Feet From The South	. 1980	
	25	0. 6		The East
<u> </u>	Line of Section 25 , To	ownship 9-S Range	25-Е , ммрм,	Chaves County
II. DI	ESIGNATION OF TRANSPORT Transporter of O	TER OF OIL AND NATURAL G	AS	
			Address (Give address to which appr	oved copy of this form is to be sent)
	ame of Authorized Transporter of Coranswestern Pipeline	rsinghead Gas or Dry Gas 📉	Address (Give address to which appr	oved copy of this form is to be sent)
	well produces oil or liquids,	Unit Sec. Twp. Rge.	Box 2521, Houston, TX 77001 Is gas actually connected? When	
d1	ive location of tanks.	1 1 1	No	
V. <u>C</u>	this production is commingled w OMPLETION DATA	ith that from any other lease or pool,	give commingling order number:	
	Designate Type of Completi	on - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
1	ate Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	/14/87	3/31/87	4480'	4400'
1 .	ecso Slope	Name of Producing Formation Abo	Top Oil/Gas Pay	Tubing Depth 4360'
	erforations 070,71,72,73,74,76,77	79 70 4111 12 4105 06 0	7.2	Depth Casing Shoe
Ė	0,03,13,723,703,743,703,77	,78,79,4111,12,4185,86,87 TUBING CASING AN	7,88,89,90,93 D CEMENTING RECORD	4400'
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
-	12½" 7-7/8"	8-5/8" 4-½"	956 '	500 sx
	, 0	4-2	4400'	250 sx
_ لــ		23/8	4360	
/. TE OI	EST DATA AND REQUEST F L WELL		fter recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top allow-
Da	Oate First New Oil Run To Tanks Date of Test		Producing Method (Flow, pump, gas lift, etc.)	
Le	ngth of Test	Tubing Pressure	Casing Pressure	
			Submy Pressure	Choke Size
Ac	tual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
·				
,	S WELL tual Prod. Test-MCF/D			
-	1535.9	Length of Test 24 hours	Bbls. Condensate/MMCF	Gravity of Condensate
	sting Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
	ck pressure	262	446.6	32/64"
CE	RTIFICATE OF COMPLIANO	r.	OIL CONSERVA	TION COMMISSION
I hereby certify that the rules and regulations of the Oil Conservat Commission have been complied with and that the information gives above is true and complete to the best of my knowledge and believes.		ith and that the information given	APPROVED	, 19
			TITLE	
	Paul Lagschale (Spinature)			compliance with RULE 1104.
			If this is a request for allow	able for a newly drilled or deepened
	Operations Manager		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
	(Tit		All sections of this form must be filled out completely for allowable on new and recompleted wells.	
4-16-87		Fill out Sections I, II, III, and VI only for changes of owner,		

(Date)

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.

NO. OF COPIES RECEIVED				
DISTRIBUTION SANTA FE		CONSERVATION COMMISSION	Form C-104	
FILE U.S.G.S.	REQUES	T FOR ALLOWABLE AND	Supersedes Old 6-104 and C-1 Effective 1-1-65	
LAND OFFICE	AUTHORIZATION TO TI	RANSPORT OIL AND NATURAL	GAS	
TRANSPORTER OIL GAS	RECEI	VED BY		
OPERATOR I. PRORATION OFFICE Operator	APR 1	17 1987		
McClellan Oil Corpor		C. D. A. OFFICE		
P.O. Drawer 730, Ros				
Reason(s) for filing (Check prope	r box)	Other (Please explain)		
Recompletion	Change in Transporter of: Oil Dry (Gas		
Change in Ownership		lensate		
If change of ownership give na and address of previous owner	ne			
II. DESCRIPTION OF WELL A	ND LEASE			
MM Federal	Well No. Pool N	lame, Including Formation OS Slope Abo	Kind of Lease	
Location			State, Federal or Fee Federal	
Unit Letter;	660 Feet From The South	ine and 1980 Feet From	The East	
Line of Section 25	Township 9-S Range	25-Е , ммрм,	Chaves County	
II. DESIGNATION OF TRANSP	ORTER OF OIL AND NATURAL G	AS		
Name of Authorized Transporter o	OII or Condensate	Address (Give address to which appro	ved copy of this form is to be sent)	
Name of Authorized Transporter of Transwestern Pipelin		Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Box 2521, Houston, TX Is gas actually connected? Wh		
give location of tanks.		No		
V. COMPLETION DATA	with that from any other lease or pool,			
Designate Type of Compl	etion - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Date Spudded 3/14/87	Date Compl. Ready to Prod. 3/31/87	Total Depth 4480'	P.B.T.D.	
Pool Pecso Slope	Name of Producing Formation	Top Oll/Gas Pay	4400 ' Tubing Depth	
Perforations	Abo	4070	4360 ¹ Depth Casing Shoe	
40/0,71,72,73,74,76,7	77,78,79,4111,12,4185,86,8		4400'	
HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT	
7-7/8"	8-5/8" 4-½"	956 ' 4400 '	500 sx 250 sx	
	23/5	1/2/2	230 38	
. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	Ifter recovery of total volume of load oil o	and must be equal to or exceed top allow-	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif		
Length of Test	Tubing Pressure	Casing Pressure		
		Cusing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbls.	Water-Abls.	Gas-MCF	
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	24 hours Tubing Pressure	Casing Pressure	Choke Size	
back pressure	262	446.6	32/64"	
I. CERTIFICATE OF COMPLIA	NCE	OIL CONSERVA	TION COMMISSION	
I hereby certify that the rules ar Commission have been complied	d regulations of the Oil Conservation with and that the information given	APPROVED	, 19	
above is true and complete to	the best of my knowledge and belief.	BY		
1,	7	TITLE		
/ Youl K	Youl Kasschale		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened	
(5)	gnature)		ied by a tabulation of the deviation	
	ons Manager Title)	 	t be filled out completely for allow-	
4-16-87	Date)	Fill out Sections I, II, III,	and VI only for changes of owner, or other such change of condition.	
			be filed for each pool in multiply	