DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL	REQUEST AUTHORIZATION TO TR.	CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT-OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 GAS
OPERATOR GAS OPERATOR PRORATION OFFICE Operator		Y - 1 1987 O. C. D.	
McClellan Oil Corpora	tion ART	ESIA, OFFICE	
P.O. Drawer 730, Rosw Reason(s) for filing (Check proper box New Well Recompletion	Change in Transporter of: Oil Dry G	Other (Please explain)	
Change in Ownership	Casinghead Gas Conde	nsate	
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND	LEASE Well No Roal No	me, Including Formation	
Penjack Federal		s Slope Abo	State, Federal or Fee Federal
	50 Feet From The South Lir		-
	wnship 10-5 Range		Ves County
DESIGNATION OF TRANSPOR	or Condensate	AS Address (Give address to which appro	ved 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>[ranswestern Pipeline</u>	Unit Sec. Twp. Rge.	P.O. Box 1188, Housto	
If well produces oil or liquids, give location of tanks.	i i i	Is gas actually connected? Wh	en <u> </u>
If this production is commingled wis COMPLETION DATA	th that from any other lease or pool,		
Designate Type of Completic	on - (X) Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
3/31/87	4/17/87	4710 '	4658 '
Pecos Slope	Name of Producing Formation Abo	Top Oil/Gas Pay 4381	Tubing Depth
Perforations			4361' Depth Casing Shoe
4381,83,85,87,89,91,92	2,93,95,97,4401,02,03,44		4361'
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17½"	13-3/8"	74 '	100
12½"	8-5/8"	900'	550
7-7/8"	4½"	4658 '	250 + 250 1."
TEST DATA AND DECUEST EA	OR ALLOWARD F. C.	434/	
TEST DATA AND REQUEST FOOIL WELL		fter recovery of total volume of load oil pth or be for full 24 hours)	and must be equal to or exceed top allow-
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	(i, etc.)
Length of Test	Tubing Pressure	Cusing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
GAS WELL	1		<u> </u>
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1200 Tenting Method (pitot, back pr.)	24 hours Tubing Pressure	Casing Pressure	Choke Size
back pressure	386	458	3/4"
CERTIFICATE OF COMPLIANCE	CE -	OIL CONSERVA	TION COMMISSION
Therefore a set of set		APPROVED JUN 3 0 1987 , 19	
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.		Original Signed By	
		Les A. Clements	
		TITLE Supervisor District II	
Wall Land. I		This form is to be filed in compliance with RULE 1104.	
Operations Manager		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.	
(Title)		All sections of this form must be filled out completely for allowable on new and recompleted wells.	
4/29/87 (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	