	NO. OF COPIES RECEIVED         DISTRIBUTION         SANTA FE         FILE         U.S.G.S.         LAND OFFICE         IRANSPORTER         OIL         GAS         OPERATOR         PRORATION OFFICE         Operator         McClellan Oil Corp         Address         P.O. Drawer 7.30, R         Reason(s) for filing (Check proper box,         New Well         X         Recompletion         Change in Ownership         If change of ownership give name	REQUEST AUTHORIZATION TO TRA JUN -4 198 O C. D. ARTESIA, OF CONTATION ROSWell NM 88202	Other (Please explain)	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 SAS
	and address of previous owner	LEASE		
	Lease Name Dana Federal	Well No. Pool Nar	me, Including Formation OS S10pe Abo	Kind of Lease State, Federal or Fee Federal
	Location			
	Unit Letter N; 660	)Feet From TheSouth_Line	e and <u>1980</u> Feet From 7	The West
	Line of Section 4 , Tow	wnship 9-5 Range	25-Е , ммрм, Ст	laves County
[].	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	<b>FER OF OIL AND NATURAL GA</b> or Condensate	S Address (Give address to which approv	ved copy of this form is to be sent)
	Name of Authorized Transporter of Cas		Address (Give address to which approv	ed copy of this form is to be sent)
	Transwestern Pipel	ine Company Unit Sec. Twp. Rge.	P.O. Box 1188, Houstor	
	If well produces oil or liquids, give location of tanks.		No	
v.	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	
	Designate Type of Completio	on - (X)	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	4/7/87	5/13/87 Name of Producing Formation	4275'	4275'
	Pool Pecos Slope	Abo	Top Oil/Gas Pay 3695	Tubing Depth 3987'
	Perforations 4053,54,55,56,57	•		Depth Casing Shoe
	1000304300300307	TUBING, CASING, AND	CEMENTING RECORD	4275'
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	7-7/8"	8-5/8" 4 <sup>1</sup> / <sub>2</sub> "	<u>915'</u> 4275'	500 & 180 1"
		23/8	3987	
v.	TEST DATA AND REQUEST FO	······································	<u>,</u>	and must be equal to or exceed top allow-
			pth or be for full 24 hours) Producing Method (Flow, pump, gas lif	- ·
			· · · · · · · · · · · · · · · · · · ·	.,,
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
l		1	<u> </u>	l
	GAS WELL			
-	Actual Prod. Test-MCF/D 5/19/87	Length of Test 24 hours	Bbls. Condensate/MMCF	Gravity of Condensate -
	Testing Method (pitot, back pr.)	Z4 JUULS Tubing Pressure	Casing Pressure	Choke Size
 	back pressure	294	441	
1.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
	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.			
			BY	
	$\wedge$		TITLE	
	Vand Kacjolale		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened	
	<u> </u>	ature)	If this is a request for allowable for a newly drilled or deepended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
	Operations (Tiu		All sections of this form must be filled out completely for allow-	
	6/2/8	*	able on new and recompleted we Fill out Sections I, II, III,	and VI only for changes of owner,
(Date)			well name or number, or transport	er, or other such change of condition. the filed for each pool in multiply

	NO. OF COPIES RECEIVED         DISTRIBUTION         SANTA FE         FILE         U.S.G.S.         LAND OFFICE         IRANSPORTER         OIL         GAS         OPERATOR         PRORATION OFFICE         Operator         McClellan Oil Corp         Address         P.O. Drawer 730, R         Reason(s) for filing (Check proper box)         New Well         X         Recompletion         Change in Ownership         If change of ownership give name	AUTHORIZATION TO TRA JUN -4 198 O. C. D. ARTESIA, OFFIC	S Diher (Please explain)	Form C -104 Supersedes Old G-104 and C-11 Effective 1-1-65 AS	
	and address of previous owner				
	Dana Federal		ne, Including Formation OS Slope Abo	Kind of Lease State, Federal or Fee Federal	
	Location Unit Letter N , 660	Feet From TheSouth_Line	e and <u>1980</u> Feet From T	west	
	····· 2000				
				aves County	
I.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil		S Address (Cive address to which approv	ed copy of this form is to be sent)	
	Name of Authorized Transporter of Cas	inghead Gas 🗍 or Dry Gas 🕅	Address (Give address to which approv	ed copy of this form is to be sent)	
	Transwestern Pipel	ine Company	P.O. Box 1188, Houston		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Whe NO	n	
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:		
V.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v, Diff. Res'v.	
	Designate Type of Completio		X		
	Date Spudded 4/7/87	Date Compl. Ready to Prod. 5/13/87	Total Depth 4275'	р.в.т.д. 4275'	
	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Pecos Slope Perforations	Abo	3695'	3987' Depth Casing Shoe	
	4053,54,55,56,57			4275'	
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	124"	8-5/8"	915'	500 & 180 1"	
	7-7/8"	4 <u>1</u> "	4275'		
		23/8	3987		
₹.	TEST DATA AND REQUEST FO		fter recovery of total volume of load oil a pth or be for full 24 hours)	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 life	t, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
i		-			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis, Condensate/MMCF	Gravity of Condensate	
•	5/19/87	24 hours		-	
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
Ί.	back pressure	<u>294</u>	01L CONSERVA	TION COMMISSION	
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.		BY			
					$\Lambda$ . $\Lambda$
	<u> </u>		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 accompare tests taken on the well in accord	hied by a tabulation of the deviation	
Operations Manager (Title) 6/2/87		All sections of this form mus	st be filled out completely for allow-		
		able on new and recompleted we Fill out Sections I. II. III.	lls. and VI only for changes of owner.		
	(Da		well name or number, or transport	er, or other such change of condition. be filed for each pool in multiply	
			completed wells.	······································	

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1.	NO. OF COPIES RECEIVED         DISTRIBUTION         SANTA FE         FILE         U.S.G.S.         LAND OF FICE         I RANSPORTER         OIL         GAS         OPERATOR         PRORATION OF FICE         Operator         McClellan_Oil_Corp         Address         P.O. Drawer 730, R         Reoson(s) for filing (Check proper box,         New Well         X         Recompletion         Change in Ownership         If change of ownership give name	AUTHORIZATION TO TRA AUTHORIZATION TO TRA JUN -4 O. C. C. ARTESIA, OF	1987 FICE Other (Please explain)	Form C -104 Supersedes Old C-104 and C-11 Effective 1-1-65
	and address of previous owner			
	Lease Name	Well No. Pool Na	me, Including Formation	Kind of Lease
	Dana Federal	5 > Pec	cos Slope Abo	State, Federal or Fee Federal
	Unit Letter N ; 660	Feet From The South Lin	e and 1980 Feet From T	beWest
	Line of Section 4 . Tow	mship 9-5 Range	25-Е , ммрм. Сг	aves County
				county -
II. 	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	CER OF OIL AND NATURAL GA	S Address (Give address to which approv	ed copy of this form is to be sent)
				· · · · · · · · · · · · · · · · · · ·
	Name of Authorized Transporter of Cas		Address (Give address to which approv	
	Transwestern Pipel	Unit Sec. Twp. Rge.	P.O. Box 1188, Houston Is gas actually connected?	
	give location of tanks.		No	
v	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling order number:	
	Designate Type of Completio	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Date Spudded	Date Compl. Ready to Prod.	X Total Depth	P.B.T.D.
	4/7/87	5/13/87	4275'	4275'
	Pool Pecos Slope	Name of Producing Formation Abo	Top Oil/Gas Pay	Tubing Depth
	Perforations	ADO	3695'	3987 <sup>1</sup> Depth Casing Shoe
	4053,54,55,56,57			4275'
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
	124"	8-5/8"	915'	500 & 180 1"
	7-7/8"	4 <sup>1</sup> / <sub>2</sub> "	4275'	
	· · · · · · · · · · · · · · · · · · ·	23/8	3987	
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a)	fter recovery of total volume of load oil a	and must be equal to or exceed top allow-
	OIL WELL Date First New Oil Run To Tanks	Date of Test	pth or be for full 24 hours) Producing Method (Flow, pump, gas life	t, 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
-	5/19/87 Testing Method (pitot, back pr.)	24 hours Tubing Pressure	Casing Pressure	Choke Size
	back pressure	294	441	3/4
Ί.	CERTIFICATE OF COMPLIANCE		OIL CONSERVA	TION COMMISSION
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED	
	Commission have been complied w above is true and complete to the	vith and that the information given	BY	
			TITLE	
			This form is to be filed in compliance with RULE 1104.	
	Van Kuijdas		If this is a request for allowable for a newly drilled or deepened	
	(Signo	ature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
	Opérations		All sections of this form must able on new and recompleted we	st be filled out completely for allow- lls.
	6/2/87		Fill out Sections I, II, III, and VI only for changes of owner,	
(Date)		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         FILE         U.S.G.S.         LAND OFFICE         IRANSPORTER         OIL         TRANSPORTER         OPERATOR         PRORATION OFFICE         Operator         McClellan Oil Corr         Address         P.O. Drawer 7.30. F         Reason(s) for filing (Check proper box         New Well         X         Recompletion         Change in Ownership         If change of ownership give name	AUTHORIZATION COVER JUN -4 O. C. E ARTESIA, OF	O, FICE Other (Please explain)	Form C -104 Supersedes Old C-104 and C-11 Effective 1-1-65	
	and address of previous owner	I FASE	<u></u>		
	Dana Federal	Well No. Pool Na	me, Including Formation	Kind of Lease	
	Location	5 <u>S.Pec</u>	cos Slope Abo	State, Federal or Fee Federal	
	Unit Letter N , 660	Feet From The South Lin	e and <u>1980</u> Feet From T	he West	
	Line of Section 4 , Tov	vnship 9-5 Range	<u>25-Е , ммрм, Cr</u>	laves County	
u.	Name of Authorized Transporter of Oil		S Address (Give address to which approv	ed copy of this form is to be sent)	
	Name of Authorized Transporter of Cas Transwestern Pipel	т <u>ц</u>	Address (Give address to which approv P.O. Box 1188, Houston		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Whe NO		
1		h that from any other lease or pool,		: 	
v. [	COMPLETION DATA	<sup>1</sup> Oil Well <sup>1</sup> Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.	
	Designate Type of Completio	x = (X)	X		
	Date Spudded 4/7/87	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Pool	5/13/87 Name of Producing Formation	4275' Top Oil/Gas Pay	4275' Tubing Depth	
ŀ	Pecos Slope	Abo	3695'	3987' Depth Casing Shoe	
	4053,54,55,56,57			4275'	
ł	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
ļ	124"	8-5/8"	915'	500 & 180 1"	
	7-7/8"	4 <u>1</u> <sup>11</sup>	4275'		
t		278	3987		
	TEST DATA AND REQUEST FO		fter recovery of total volume of load oil a pth or be for full 24 hours)	and must be equal to or exceed top allow-	
ſ	OIL WELL able for this de Date First New Oil Run To Tanks Date of Test		Producing Method (Flow, pump, gas lift	e, etc.)	
ŀ	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	<u></u>				
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
•					
Г	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis, Condensate/MMCF	Gravity of Condensate	
-	5/19/87 Testing Method (pitot, back pr.)	24 hours	-	_	
		Tubing Pressure 294	Casing Pressure	Choke Size 3/4	
۲. ۱.'	back pressure CERTIFICATE OF COMPLIANC	······································	01L CONSERVA	TION COMMISSION	
	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		
4					
i					
	Van Kacidale		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened		
-	Signa	iture)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
•	Opérations Manager(Title)		All sections of this form must be filled out completely for allow- able on new and recompleted wells.		
	6/2/8 (Da		Fill out Sections I, II, III,	and VI only for changes of owner, r, or other such change of condition.	
(Date)		Separate Forms C-104 must be filed for each pool in multiply completed wells.			

	NO. OF COPIES RECEIVED         DISTRIBUTION         SANTA FE         FILE         U.S.G.S.         LAND OFFICE         I RANSPORTER         OIL         GAS         OPERATOR         PRORATION OFFICE         Operator         McClellan Oil Corp         Address         P.O. Drawer 7.30. F         Reason(s) for filing (Check proper box,         New Well         X         Recompletion         Change in Ownership         If change of ownership give name	AUTHORIZATION TO TRA AUTHORIZATION TO TRA JUN -4 19 O C D. ARTESIA, OFFIC Doration	S Other (Please explain)	Form C-104 Supersedes Old G-104 and C-11 Effective 1-1-65	
	and address of previous owner	LEASE			
	Lease Name Dana Federal	Well No. Pool Nan	ne, Including Formation OS Slope. Abo	Kind of Lease State, Federal or Fee Federal	
	Location	· · · · · · · · · · · · · · · · · · ·		Tederal	
	Unit Letter N , 660	Feet From The South Line	e and <u>1980</u> Feet From T	he West	
	Line of Section 4 , Tov	wnship 9-5 Range	25-Е , ммрм, Сг	Iaves County	
I.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	S Address (Give address to which approv	ed copy of this form is to be sent)	
	Name of Authorized Transporter of Cas	singhead Gas 🔲 or Dry Gas 💢	Address (Give address to which approv	ed copy of this form is to be sent)	
	Transwestern Pipel	ine Company Unit Sec. Twp. Rge.	P.O. Box 1188, Houstor		
	If well produces oil or liquids, give location of tanks.		No		
	If this production is commingled with that from any other lease or pool, give commingling order number:				
<b>v</b> .	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.	
	Designate Type of Completic	, ; A	X		
	Date Spudded 4/7/87	Date Compl. Ready to Prod. 5/13/87	Total Depth 4275'	Р.В.Т.D. 4275'	
	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Pecos Slope	Або	3695'	3987' Depth Casing Shoe	
	4053,54,55,56,57 4275'				
		· · · · · · · · · · · · · · · · · · ·	CEMENTING RECORD	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE 8-5/8"	<u>рертн set</u> 915'	500 & 180 1"	
	7-7/8"	4 <sup>1</sup> / <sub>2</sub> "	4275'		
		23/8	3987		
v.'	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be af	fter recovery of total volume of load oil (	ind must be equal to or exceed top allow-	
1	OIL WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas lif	t, 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
•	5/19/87 Testing Method (pitot, back pr.)	24 hours Tubing Pressure	Casing Pressure	Choke Size	
	back pressure	294	441	3/4	
Ί.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
	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.		BY		
	$\overline{\Lambda}$		TITLE		
	- Vaul Kacidale		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened		
	(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
	Operations Manager (Title)		All sections of this form must be filled out completely for allow-		
	6/2/87		able on new and recompleted wells. Fill out Sections 1, 11, 111, and VI only for changes of owner.		
(Date)		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         FILE         U.S.G.S.         LAND OFFICE         IRANSPORTER         OIL         GAS         OPERATOR         PRORATION OFFICE         Operator         McClellan 0il 0	AUTHORIZATION TO RECEIVED JUN -4 19 O. C. D. ARTESIA, OFFIC	87	Form C-104 Supersedes Old C-104 and C- Effective 1-1-65 GAS
P.O. Drawer 730 Reason(s) for filing (Check proper	Roswell, NM 88202	Other (Please explain)	
New Well X Recompletion Change in Ownership	Casinghead Gas 🗌 Co	y Gas	
If change of ownership give nam and address of previous owner _	e		
DESCRIPTION OF WELL AN			
Dana Federal		Name, Including Formation Pecos Slope Abo	Kind of Lease State, Federal or Fee Fodonal
	60 Foot From The South	1000	ieueral
Line of Device A	Township 9-S Bange		
DESIGNATION OF TRANSPO	PTEP OF ON AND MATTING		haves County
Name of Authorized Transporter of	OII or Condensate	Address (Give address to which approx	yed copy of this form is to be sent)
Name of Authorized Transporter of a	Casinghead Gas or Dry Gas XX	Address (Give address to which approv	
Transwestern Pip		P.O. Box 1188, Houstor	TX 77251-1188
give location of tanks.		No	n
this production is commingled a COMPLETION DATA	with that from any other lease or poo	1, give commingling order number:	
Designate Type of Complet	tion - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
4/7/87	5/13/87 Name of Producing Formation	4275'	4275'
Pecos Slope	Abo	Top Oil/Gas Pay 3695 '	Tubing Depth 3987'
4053,54,55,56,57			Depth Casing Shoe
HOLE SIZE	TUBING, CASING, AN	D CEMENTING RECORD	4275'
124"	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
7-7/8"	<u>4<sup>1</sup>/<sub>2</sub></u>	<u>915'</u> 4275'	500 & 180 1"
	2 3 x		
EST DATA AND REQUEST F	FOR ALLOWABLE (Test must be	after recovery of total volume of load oil an epth or be for full 24 hours)	
ate First New Oil Run To Tanks	able for this d	epth or be for full 24 hours) Producing Method (Flow, pump, gas lift,	
ength of Test	Tubing Pressure		<i>etc.)</i>
	r using Pressure	Casing Pressure	Choke Size
ctual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
tual Prod. Test-MCF/D	Length of Test		
5/19/87 ting Method (pitot, back pr.)	24 hours	Bbls, Condensate/MMCF	Gravity of Condensate
back pressure	Tubing Pressure	Casing Pressure	Choke Size
TIFICATE OF COMPLIAN	<u> </u>	441	3/4
W certify that the subscript		OIL CONSERVAT	
by certify that the rules and regulations of the Oil Conservation ssion have been complied with and that the information given s true and complete to the best of my knowledge and belief.		APPROVED, 19	
	best of my knowledge and belief.	BY	- 74 71
Faul Facedale		TITLE This form is to be filed in compliance with RULE 1104.	
<u>Opérations Manager</u> (Tiule)		All sections of this form must be filled out completely for allow	
6/2/8 (Dat	the second se	Fill out Sections I. II. III. and	d VI only for changes of summer
(1)44	¢)	Separate Forms C-104 must be	or other such change of condition. a filed for each pool in multiply