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| TRANSPORTER | OIL <input checked="" type="checkbox"/> GAS <input checked="" type="checkbox"/> |
| OPERATOR | <input checked="" type="checkbox"/> |
| PRORATION OFFICE | <input 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

JUL -1 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 ☒
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
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 Toles Federal | Well No. 3 | Pool Name, Including Formation W. Pecos Slope Abo | Kind of Lease State, Federal or Fee Federal |
| Location Unit Letter <u>F</u> ; <u>1326</u> Feet From The <u>North</u> Line and <u>2248</u> Feet From The <u>West</u> Line of Section <u>15</u> , Township <u>8S</u> Range <u>23E</u> , NMPM, <u>Chaves</u> County | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | 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 <u>No</u> <u>10-2-89</u> |

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. |
| | | X | X | | | | | |
| Date Spudded 5/2/87 | Date Compl. Ready to Prod. 5/17/87 6-22-87 | Total Depth 3527' | P.B.T.D. 3510' | | | | | |
| Pool Pecos Slope | Name of Producing Formation Abo | Top Oil/Gas Pay 3065' | Tubing Depth 3030' | | | | | |
| Perforations 3065,66,67,68,69,77,78,93,94,95,98,3100,1,2,4,3288,89,92,93,94,95 | | | Depth Casing Shoe 3510' | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 12 1/4" | 8-5/8" | 818' | 300 SX + 140 SX 1" | | | | | |
| 7-7/8" | 4 1/2" | 3510' | 300 SX | | | | | |
| | 2 3/8 | 3030 | | | | | | |

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 500 | Length of Test 24 hours | Bbls. Condensate/MMCF - | Gravity of Condensate - |
| Testing Method (pitot, back pr.) back pressure | Tubing Pressure 30 | Casing Pressure 180 | Choke Size 3/4" |

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.


(Signature)

Operations Manager
(Title)

June 30, 1987
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 15 1989, 19

BY ORIGINAL SIGNED BY

TITLE SUPERVISOR, DISTRICT II

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.