	NO. OF COPIES RECE								
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	SANTA FE	1	·						
	FILE								
	u.s.g.s.								
	LAND OFFICE								
-	TRANSPORTER	OIL							
	TRANSFORTER	G A	5	V	/				
	OPERATOR	/							
	PROPATION OF								
	Operator								
	McClellan	Cor	por						
	Address								
1	P.O. Draw	er '	7,3	0,	Ros				
ĺ	Reason(s) for filing (Chec	k p	roper	box				
	New Well	LXI							
.	Pagemulation	1							

-8/31/87

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-1

FILE .			AND			Effec	ctive 1-1-65	•
U.S.G.S.	AUT	HORIZATION TO TRA	NSPORT	OIL AND I	NATURAL	GAS		
LAND OFFICE						DE	Cen :-	
GAS GAS						TC:	CEIVED	
OPERATOR /	 							
Operator	L				····	SEP	0287	······································
McClellan Oil Cor	poration							
Address 7.20	D = 17 N	W 00000				O. ARTESIA	C. D.	
P.O. Drawer 730, Reason(s) for filing (Check proper	ROSWEIL, N	M 88202		Other (Please	explain)		b.OFFICE	
New Well	Chang	e in Transporter of:						
Recompletion	011	Dry Go						
Change in Ownership		ghead Gas Conder	isdie			*****		
and address of previous owner								
DESCRIPTION OF WELL A	ND LEASE	Well No. Pool Na	me, Includin	g Formation		Kind of Leas	ie .	····
MM Federal		7 Pecos	s Slope	Abo		State, Feder	al or Fee	-ederal
Location K	1650	South	1.0	200		Mos	+	
Unit Letter;;	Feet	From The South Lin	ne and13	760	Feet From	The Wes	L	
Line of Section 25	Township 9	S Range 2	25E	, NMPM	, Ch	aves		County
	0.00000 000 0		. ~					
DESIGNATION OF TRANSP Name of Authorized Transporter o		IL AND NATURAL GA		Give address	o which appro	oved copy of thi	s form is to	be sent)
Name of Authorized Transporter of		or Dry Gas X	Address (Give address to which approved copy of this form is to be sent)					
Transwestern Pipe		Sec. Twp. Rge.	P.O. Box 1188, Houston, TX 77251-1188					
If well produces oil or liquids, give location of tanks.		i i	· -	F V.M.		11-19	-87	
f this production is commingled	with that from	any other lease or pool,		7		- / / - / /	<u> </u>	
COMPLETION DATA		Oil Well Gas Well	New Well	Workover		I Diver Desay		15.77
Designate Type of Compl	etion $-(X)$	X X	X	i i i i i i i i i i i i i i i i i i i	Deepen	Plug Back	Same Mes.A.	. Linn. Hesn
Date Spudded	Date Comp	l. Ready to Prod.	Total Dept	th		P.B.T.D.		<u>-i</u>
6/23/87		7/30/87		450'			10'	
Pool Slope	Name of Pr	roducing Formation	Top Oll/G			Tubing Dept		
Perforations	Pecos Slope Abo		4164'		4180¹ Depth Casing Shoe			
4164,65,67,68,69,70,72,74,76,77,78,79,80,81			,82,4296,97,98			4410'		
	····	TUBING, CASING, AND	ND CEMENTING RECORD			· · · · · · · · · · · · · · · · · · ·		
HOLE SIZE	CASI	NG & TUBING SIZE		DEPTH SE	ĒT		CKS CEME	NT
7-7/8"		8-5/8" 4-½"		930' 4410'			0 sx	·
		T 2	 	4410		300 sx		
		278		1/80				
TEST DATA AND REQUEST OIL WELL	FOR ALLOV	VABLE (Test must be a able for this de	fter recovery	of total volu	me of load oil	and must be eq	ual to or exc	eed top allo
Date First New Oil Run To Tanks	Date of Te			Method (Flou	·	ft, etc.)		
Length of Test	Tubing Pre	Tubing Pressure		Casing Pressure		Choke Size		
Actual, Prod. During Test	Oil-Bbls.	Oil-Bbls.		Water-Bbls.		Gas-MCF		
	 		•			l		
GAS WELL Actual Prod. Test-MCF/D	Length of	Test	I BLIC C	doug = 1 . 4				
581	1 -	hours	BDIS. Cond	densate/MMC1	-	Gravity of Co	ondensate	
Testing Method (pitot, back pr.)	Tubing Pre		Casing Pre	essure		Choke Size		
back pressure	93.	4		934		ì	/2"	
CERTIFICATE OF COMPLI	ANCE			OIL	ONSERVA	ATION COM	MISSION	
haraby castify that the sules and seculation of the CV C			APPROVED DEC 2 9 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.		11						
		BY Original Signed By Mike Williams						
			TITLE Oil & Gas Inspector					
////				This form is to be filed in compliance with RULE 1104.				
Youl Ka	grdale		If this is a request for allowable for a newly drilled or deepene-					
· · · · · · · · · · · · · · · · · · ·	(fignature)		well, th	is form must ken on the	be accompa well in acco	nied by a tab rdance with R	ulation of t	he deviatio
Operation	ons Manager (Title)	<u> </u>	AII	sections of	this form mu	ist be filled or		ly for allow
	/		مم ماطو ال	nau and ea	completed	elle	-	

All sections of this form must be filled out completely for allow able 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 multiple completed wells.