	NO. OF COPIES REC	L_		.1				
	DISTRIBUTION		Ţ					
	SANTA FE	V		1				
	FILE	1.7						
ĺ	u.s.g.s.	-						
	LAND OFFICE							
i	TRANSPORTER	OIL						
		GAS	<b>✓</b>					
	OPERATOR							
	PRORATION OF							
	McClellan Oil Corpo							
	P.O. Drawer 730, Ro							
	Reason(s) for filing (Check proper box)							
	New Well							
ł	Recompletion							
1	Change in Ownership							

VI.

10/30/87 (Date)

	DISTRIBUTION		NEW MEXICO OIL	CONSERVATION COMMI					
	SANTA FE	V		T FOR ALLOWABLE	SSION Form C-104 Supersedes Old C-104 and G				
	FILE	/		AND	Effective 1-1-65				
	U.S.G.S.	<b> </b>	AUTHORIZATION TO TE		ATURAL GAS				
	LAND OFFICE		RECEIVED						
	TRANSPORTER OIL	1							
	GAS OPERATOR	V /	4						
	PRORATION OFFICE	V   _			NOV 04 '87				
1.	Operator Operator	<u> </u>	<del></del>						
	McClellan O	il Cor	noration &		© C. D.				
	Address	11 (01	poración		ARESIA, OFFICE				
	P.O. Drawer	730,	Roswell, NM 88202		OFFICE .				
	Reason(s) for filing (Check p	roper box	)	Other (Please	explain)				
	New Well		Change in Transporter of:		,				
	Recompletion		Oil Dry (	Gas					
	Change in Ownership		Casinghead Gas Cond	ensate					
	If change of any and it								
	If change of ownership give and address of previous ow	name ner							
II.	DESCRIPTION OF WELL	L AND I	LEASE						
	Lease Name	_		ame, Including Formation	Kind of Lease				
	Rick Federa	]		os Slope Abo	State, Federal or Fee Federal				
		660		440					
	Unit Letter P	; <u>660</u>	Feet From The South L	ine and 660	Feet From The East				
	Line of Section 23	_	00	٥٢٢					
	Line of Section 23	, Tow	nship 9S Range	25E , NMPM,	Chaves County				
III.	DESIGNATION OF TRAN	NCD/DT	ER OF OIL AND NATURAL G	4.0					
	Name of Authorized Transport	er of Oll	or Condensate	AS Address (Give address to	which approved copy of this form is to be sent)				
				The section of the se	which approved copy of this form is to be sent)				
	Name of Authorized Transport	er of Cast	Inghead Gas Or Dry Gas (XX)	Address (Give address to	which approved copy of this form is to be sent)				
	Transwestern	n Pipe			Houston, TX 77251-1188				
	If well produces oil or liquids		Unit Sec. Twp. Rge.	Is gas actually connected					
	give location of tanks.	1		Yes	10/27/87 //-19-87				
	If this production is commin	gled with	that from any other lease or pool,	give commingling order n	umbor				
IV.	COMPLETION DATA				umber:				
	Designate Type of Co	mpletion	Oil Well Gas Well	New Well Workover	Deepen Plug Back Same Res'v. Diff. Res				
	Date Spudded		ι ; λ	<u> </u>					
	•		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	8/8/87		9/11/87 Name of Producing Formation	4390'	4365'				
	Posos Slone	1		Top Oil/Gas Pay	Tubing Depth				
Ì	Perforations Abo			3975'	4200 '				
	3975 76 77 /	luas a	1 05 /1102 2 / 5 6 7 9 /	105 06 07	Depth Casing Shoe				
	3975,76,77,4093,94,95,4102,3,4,5,			D CEMENTING RECORD	4365'				
1	HOLE SIZE		CASING & TUBING SIZE	DEPTH SET					
	121"		8-5/8"	9091	SACKS CEMENT				
	7-7/8"		4 ½ "	4365'	450 sx 320 sx				
				7,000	320 SX				
Į			23/8	1200					
V.	TEST DATA AND REQUI	EST FO	RALLOWABLE (Test must be a		of load oil and must be seen by				
г	OIL WELL able for this depth or be for full 24 hours)								
ľ	Date First New Oil Run To Ta	nks	Date of Test	Producing Method (Flow, p	ump, gas lift, etc.)				
-	Length of Test		m. I						
	Longin of Year	İ	Tubing Pressure	Casing Pressure	Choke Size				
}-	Actual Prod. During Test		Oil-Bbls.	Water-Bbls.					
1			C. B.I.S.	water-Bbis.	Gas-MCF				
'-	<del></del>	<u> </u>							
	GAS WELL								
Γ	Actual Prod. Test-MCF/D	1	ength of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
	3773		24 hours	_	Gravity of Condensate				
	Testing Method (pitot, back pr.	) 7	Tubing Pressure	Casing Pressure	Choke Size				
L	back pressur	e	540	590	3/4"				
VI. (	CERTIFICATE OF COMP								
		- <del>-</del>		OIL CONSERVATION COMMISSION					
I	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  Mike Williams					
(									
a									
				TITLE Oil &	Gas Inspector				
		1.1	-						
	Youl Kondalo				filed in compliance with RULE 1104.				
_	(Signature)			well, this form must be	for allowable for a newly drilled or deepened accompanied by a tabulation of the deviation				
	Operations Manager			tests taken on the well	in accordance with RULE 111.				
_		(Title)	)	All sections of this	s form must be filled out completely for allow-				

able on new and recompleted wells.

Fift 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