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	GAS	
OPERATOR		✓
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and  
Effective 1-1-65

JAN 07 '88

I. Operator  
McClellan Oil Corporation  
Address  
P.O. Drawer 730, Roswell, NM 88202  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of: ☐ Other (Please explain)  
Recompletion ☒ Oil ☐ Dry Gas ☐ CASINGHEAD GAS MUST NOT BE  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ FLARED AFTER  
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Shell 15 Fed. Com.	1	Chaves Queen Gas	State, Federal or Fee Fed.
Location			
Unit Letter	D	660 Feet From The North Line and 660 Feet From The West	
Line of Section	15	Township 15S Range 29E	NMPM, Chaves Count

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Pride Pipeline Co.	P.O. Box 2436, Abilene, TX 79604
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
D 15 15S 29E	No

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input checked="" type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res. <input type="checkbox"/>		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
10/25/87	12/22/87	10,100'	4000'
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Chaves Queen Gas Assoc.	Queen	1844'	1890'
Perforations	Depth Casing Shoe		
1844' - 1860'			
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	13-3/8"	422'	250 sx (In hole)
7-7/8"	8-5/8"	4073'	1250 sx (In hole)
	5 1/2"	10108'	1000 sx
		Pulled 5398' of 5 1/2" csg.	

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.)	
12/24/87	12/24/87	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	NA	NA	3/4
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
24	30	5	50

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.

*Paul Ragsdale*  
(Signature)

Operations Manager

(Title)

1/6/88

(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 31 1988**, 19

BY **Original Signed By**  
**Mike Williams**  
TITLE **Oil & Gas Inspector**

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 deviated 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 multiple completed wells.