

DISTRICT OFFICE	
SANTA FE	
FILE	
S.D.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104
Supersedes Old C-104 and Old
Enclosure 1-1-69

Operator JACK L. MCCLELLAN	
Address P. O. Box 818, ROSWELL, NEW MEXICO 88201	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of: Oil ☐ Gas ☐
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name LISA "B" FEDERAL	Well No. 2	Pool Name, including Formation SULPHUR QUEEN	Kind of Lease State, Federal or FEDERAL	Lease No.
Location Unit Letter M, 660 Feet From The South Side and 660 Feet From The West Line of Section 18 Township 15-SOUTH Range 30-EAST, N.M.P.M., CHAVES County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
P. O. BOX PETROLEUM COMPANY	BARTLESVILLE, OKLAHOMA					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 18	Twp. 15S	Rge. 30E	Is gas actually connected? No	When 2/18/71

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 As Prev. Drill Record
Date Spudded	Date Compl. Ready to Prod.		Total Depth		Produced		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
Perforations					Depth Casing Head		
TUBING, CEMENT, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		CEMENT CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed recovery rate for this depth or 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	Crack Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
OIL WBSL			
Actual Prod. Test-MCF/D	Length of Test	Water Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Static-Test)	Casing Pressure (Static-Test)	Crack 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.

J. L. McClellan
(Signature)
OPERATOR
(Title)
2/8/71
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the completion tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of conditions. Separate Forms C-104 must be filed for each pool or well.