

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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 C-105  
Effective 1-1-65

Operator JACK L. McCLELLAN		
Address P. O. Box 848, Roswell, New Mexico, 88201		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	THIS WELL HAS BEEN PLACED IN THE POOR DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS COM. R-3911
Recompletion <input checked="" type="checkbox"/>		
Change in Ownership <input type="checkbox"/>		

If change of ownership give name and address of previous owner *Permian Corp. in "Hot" area.*  
*Permian Corp. Associated*

DESCRIPTION OF WELL AND LEASE	
Lease Name MARION FEDERAL	Well No. 1 Pool Name, including Formation UNDESIGNATED R-3981A Kind of Lease State, Federal or Fee FEDERAL
Location Unit Letter C ; 330 Feet From The NORTH Line and 1650 Feet From The WEST Line of Section 7 , Township 15-SOUTH Range 30-EAST , NMPM, CHAVES County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> THE PERMIAN CORPORATION	Address (Give address to which approved copy of this form is to be sent) Box 3119, MIDLAND, TEXAS, 79701
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE	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 C Sec. 7 Twp. 15S Rge. 30E Is gas actually connected? No When NEGOTIATING

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA	
Designate Type of Completion - (X) XX	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Re-workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res't. <input type="checkbox"/> Diff. Res't. <input checked="" type="checkbox"/>
Date Spudded REWORKED 10/13/69	Date Compl. Ready to Prod. 10/16/69
Pool UNDESIGNATED QUEEN	Name of Producing Formation QUEEN SAND
Perforations 2000-2008'	Total Depth 3525' Top Oil/Gas Pay 2000' Tubing Depth 1970' Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE 12 1/4" 7-7/8"	CASING & TUBING SIZE 8-5/8" 5-1/2"
DEPTH SET 310' 3522'	
SACKS CEMENT 200 SX 175 SX	
PERF: 2200' AND SQUEEZED WITH 250 SX	

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 10/20/69	Date of Test 10/21/69	Producing Method (Flow, pump, gas lift, etc.) PUMPING
Length of Test 24 HRS.	Tubing Pressure 0	Casing Pressure 100
Actual Prod. During Test 70	Oil-Bbls. 10	Water-Bbls. 60
		Choke Size 2" Gas-MCF 10

GAS WELL	
Actual Prod. Test-MCF/D	Length of Test
Testing Method (pitot, back pr.)	Tubing Pressure
	Casing Pressure
	Choke Size

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.	
OIL CONSERVATION COMMISSION	
APPROVED <i>[Signature]</i> DEC 11 1969, 19	
BY <i>[Signature]</i>	
TITLE <i>[Signature]</i>	
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 deviate 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 conditions.	
Separate Forms C-104 must be filed for each pool in multi-completed wells.	

*[Signature]*  
J. McClellan  
(Signature)  
OPERATOR  
(Title)  
DECEMBER 11, 1969  
(Date)