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TRANSPORTER OIL	
TRANSPORTER GAS	
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

SEP 8 9 25 AM '69

Form C-104
Supersedes Old C-104 and C-11
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	XX	Change in Transporter of:		
Recompletion		Oil	Dry Gas	
Change in Ownership		Casinghead Gas	Condensate	

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

DESCRIPTION OF WELL AND LEASE

Double L-Queen R-3877

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
SUE FEDERAL	1	~~WILDCAT QUEEN~~	State, Federal or Fee FEDERAL

Location
Unit Letter N : 660 Feet From The SOUTH Line and 1650 Feet From The WEST

Line of Section 6, Township 15-S Range 30-E, NMPM, CHAVES County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil XX or Condensate	Address *(Give address to which approved copy of this form is to be sent)*
THE PERMIAN CORPORATION	Box 3119, MIDLAND, TEXAS 79701
Name of Authorized Transporter of Casinghead Gas or Dry Gas	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
	N	6	15S	30E	NO	WHEN AVAILABLE

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

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
	XX		XX					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8/04/69	9/01/69	2025	2022
Pool	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
WILDCAT	QUEEN	1980	1930
Perforations			**Depth Casing Shoe**
2 SHOTS/FT. 1980-84' AND 1987'94'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10"	8-5/8"	363'	50
8"	5-1/2"	2020'	150
	2"	1930'	

TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
9/01/69	9/01/69	PUMPING	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 HOURS	0	50#	2"
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
75	75	0	37

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**

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.

(Signature)
OPERATOR
(Title)
SEPTEMBER 4, 1969
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 8 1969, 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 deepened well, this form must be accompanied by a tabulation of the deviation 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 operator, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple