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| 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 I. McClellan | |
| Address Box 848, Roswell N.M. 88201 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of ownership give name and address of previous owner

| | | | |
|-------------------------------|-----------------|--|--|
| DESCRIPTION OF WELL AND LEASE | | | |
| Lease Name Sue Federal | Well No. 2 | Pool Name, Including Formation Double L Queen | Kind of Lease State, Federal or Fee Federal |
| Location | | | |
| Unit Letter K | 2310' | Feet From The South | Line and 1650' Feet From The West |
| Line of Section 6 | Township 15S | Range 30E | 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"/> | 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 K | Sec. 6 | Twp. 15S | Rge. 30E | Is gas actually connected? No | When |

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'tv. <input type="checkbox"/> Diff. Res'tv. <input type="checkbox"/> | | |
| Date Spudded 3-23-70 | Date Compl. Ready to Prod. 4-15-70 | Total Depth 2003' | P.B.T.D. 2003' |
| Pool Double "L" Queen | Name of Producing Formation Queen | Top Oil/Gas Pay 1968 | Tubing Depth 1967' |
| Perforations 1968 to 74, 1976 to 78' With 2 shots per ft. | | | Depth Casing Shoe 2002' |
| TUBING, CASING, AND CEMENTING RECORD | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 10" | 8 5/8" | 354' | 100 Sacks |
| 8" | 5 1/2" | 2002' | 150 Sacks |
| | 2 3/8" | 1967' | |

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 4-18-70 | Date of Test 4-19-70 | Producing Method (Flow, pump, gas lift, etc.) Flowing | |
| Length of Test 24 Hours | Tubing Pressure 120 | Casing Pressure 340 | Choke Size 18/64 |
| Actual Prod. During Test 138 | Oil - Bbls. 138 | Water - Bbls. None | Gas - MCF 60.6 |

| | | | |
|----------------------------------|-----------------|-----------------------|-----------------------|
| 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 |

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|--|--|---|--|
| I. CERTIFICATE OF COMPLIANCE | | OIL CONSERVATION COMMISSION | |
| 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. | | APPROVED _____, 19____ | |
| Gleno Milford (Signature) | | BY _____ | |
| Prod/ Supt. (Title) | | TITLE SUPERVISOR DISTRICT | |
| 4-21-70 (Date) | | 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 device 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 Sections I, II, III, and VI only for changes of own 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. | |