

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

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SANTA FE	
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

Operator
Jack L. McClellan

Address
Post Office Box 848, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	THIS WELL HAS BEEN PLACED IN THE POOL
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	DETERMINED BELOW. IF YOU DO NOT CONCUR
		Dry Gas	<input type="checkbox"/>	NOTIFY THIS OFFICE.
		Condensate	<input type="checkbox"/>	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

R-4063

Lease Name Elyse Federal	Well No. 2	Pool Name, including Formation Double "L"	Kind of Lease State, Federal or Fee Federal	Lease No. NM0199070
Location				
Unit Letter J	1650	Feet From The FSL	Line and 2310	Feet From The FEL
Line of Section 31	Township 14-S	Range 30-E	NMPM,	Chaves County

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)					
Navajo Refining Co., Pipeline Division	N. Freeman Avenue, Artesia, N. M. 88210					
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 0	Sec. 31	Twp. 14S	Rge. 30E	Is gas actually connected? No	When 90 Days

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 checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 7/21/70	Date Compl. Ready to Prod. 8/21/70		Total Depth 2004		P.B.T.D. 2001			
Elevations (DF, RKB, RT, CR, etc.) 3876 G. L.	Name of Producing Formation Queen Sand		Top Oil/Gas Pay 1974		Tubing Depth 1952			
Perforations 1974-1979 2 Shots per foot					Depth Casing Shoe 2003			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8	DEPTH SET 369	SACKS CEMENT 150 Circ
8"	4 1/2	2003	250

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 8/21/70	Date of Test 8/23/70	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure 20	Casing Pressure 400 Lb.	Choke Size 2"
Actual Prod. During Test 102	Oil-Bbls. 72	Water-Bbls. 30	Gas-MCF 20

GAS WELL

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

Jack L. McClellan
(Signature)
Operator
(Title)
9/4/70
(Date)

OIL CONSERVATION COMMISSION

APPROVED **SEP 18 1970**, 19____
BY **[Signature]**
TITLE **INTERVIEW INTERVIEW**

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 only Sections I, II, III, and VI 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