

ENTRICATION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
FOR	
REGISTRATION OFFICE	

OIL AND NATURAL GAS
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Fb. 1-1-65
Supersedes Old C-10
Effective 1-1-65

Operator
JACK L. MCCLELLAN
Address
P.O. Box 848, ROSWELL, NEW MEXICO 88201
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Accomplishment ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☒ Condensate ☐
Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name ELYSE FEDERAL **Well No.** 2 **Pool Name, including Formation** DOUBLE L QUEEN Associated **Kind of Lease** FEDERAL
Location
Unit Letter J **Feet From The** SOUTH **Line and** 2310 **Feet From The** EAST
Line of Section 31 **Township** 14-SOUTH **Range** 30-EAST **NMPM** CHAVES **County**

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐
Phillips Petroleum Company **Address (Give address to which approved copy of this form is to be sent)**
BARTLESVILLE, OKLAHOMA
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Phillips Petroleum Company **Address (Give address to which approved copy of this form is to be sent)**
BARTLESVILLE, OKLAHOMA
If well produces oil or liquids, give location of tanks. **Unit** 0 **Sec.** 31 **Twp.** 14S **Rge.** 30E **Is gas actually connected?** YES **When** MARCH, 1971

IV. COMPLETION DATA
Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Resv. ☐ Diff. Resv.
Date Spudded **Date Compl. Ready to Prod.** **Total Depth** **P.B.T.D.**
Elevations (DF, RKB, RT, GK, etc.) **Name of Producing Formation** **Top Oil/Gas Pay** **Tubing Depth**
Perforations **Depth Casing Shoe**
TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS 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 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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
OPERATOR
MARCH 30, 1971

OIL CONSERVATION COMMISSION
APPROVED APR 5 1971
BY [Signature]
TITLE SUPERVISOR DISTRICT

This form is to be filed in compliance with Rule 1.
If this is a request for allowable for a newly drilled well, this form must be accompanied by a tabulation of tests taken on the well in accordance with Rule 1.
All sections of this form must be filled out, even if applicable on new and recompleted wells.
Fill out only Sections I, II, III, and V.
Well name or number, or transporter, or other data.
Section 104 Form C-104 must be filed for well.