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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 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"/>
PLACED AFTER 8/13/71 UNLESS AN EXCEPTION TO 11-1072 IS OBTAINED.	

If change of ownership give name and address of previous owner: THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

DESCRIPTION OF WELL AND LEASE	
Lease Name LISA "B"	Well No. 6
Pool Name, including Formation SUL-MAR QUEEN Associated	Kind of Lease State, Federal or Fee FEDERAL
Location Unit Letter D ; 330 Feet From The NORTH Line and 330 Feet From The WEST	Lease No. LC-0692
Line of Section 18 Township 15-S Range 30-E, NMPM, CHAVES County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> NAVAJO & PERMIAN (TEMPORARY)	Address (Give address to which approved copy of this form is to be sent) N. FREEMAN AVE, ARTESIA, N. M.
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 Sec. Twp. Rge. Is gas actually connected? When
	A 18 15S 30E No 2 WEEKS

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 Res'v. Diff. Res't.
	X X X
Date Spudded 5/09/71	Date Compl. Ready to Prod. 6/3/71
Elevations (DF, RKB, RT, GR, etc.) 3928G.L. 3929 D.F.	Name of Producing Formation QUEEN SAND
Perforations 1996'-2000', 2004'-2008'	Top Oil/Gas Pay 1994'
	Tubing Depth 1960'
	Depth Casing Shoe 2027'

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10"	8 5/8"	380	150 (CIRC.)
8"	5 1/2"	2029	150

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 oil able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 6/3/71	Date of Test 6/5/71	Producing Method (Flow, pump, gas lift, etc.) SWABBING & FLOWING	
Length of Test 24 HRS.	Tubing Pressure	Casing Pressure 150	Choke Size 32/64
Actual Prod. During Test 120	Oil-Bble. 120	Water-Bble. 0	Gas-MCF 100

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

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 JUN 16 1971	
		BY J. L. McClellan	
		OIL & GAS INSPECTOR	
This form is to be filed in compliance with RULE 1102.			
If this is a request for allowable for a newly drilled or deeper 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 all wells on new and recompleted wells.			
Fill out only Sections I, II, III, and VI for changes of 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.			
J. L. McClellan OPERATOR 6/7/71			