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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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 1-1-85

Operator JACK L. McCLELLAN	
Address 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"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name LISA B FEDERAL	Well No. 7	Pool Name, including Formation SUTMAR QUEEN	Kind of Lease State, Federal or Foreign FEDERAL	Lease No. LC 069280
Location				
Unit Letter E	1650	Feet From The WEST Line and 990	Feet From The NORTH	
Line of Section 18	Township T 15-S	Range R 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"/> NAVAJO REFINING COMPANY	Address (Give address to which approved copy of this form is to be sent) ARTESIA, NEW MEXICO					
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 P	Sec. 13	Twp. 15S	Rge. 29E	Is gas actually connected? YES	When

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

V. 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 8/22/71	Date Compl. Ready to Prod. 9/15/71		Total Depth 2030'		P.B.T.D. 2023'			
Elevations (DF, RKB, RT, GR, etc.) 3935' G.L. - 3936' D.F.	Name of Producing Formation QUEEN SAND		Top Oil/Gas Pay 2009'		Tubing Depth 1987'			
Perforations 2009-2019					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE 10 1/4" 8"	CASING & TUBING SIZE 8 5/8" 5 1/2"	DEPTH SET 368 2025	SACKS CEMENT 150SX (CIRC.) 150
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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 9/15/71	Date of Test 9/16/71	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24 HRS.	Tubing Pressure 75 LB.	Casing Pressure 120 LB.	Choke Size 32/64"
Actual Prod. During Test 120 BO	Oil - Bbls. 120	Water - Bbls. 0	Gas - MCF 120

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

VI. 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)
9/17/71
(Date)

OIL CONSERVATION COMMISSION
APPROVED **SEP 21 1971**, 19____
BY **[Signature]**
TITLE **SUPERVISOR DISTRICT I**

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 conditions.
Separate Forms C-104 must be filed for each pool in multiple completed wells.