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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-110
Effective 1-1-65

I.

Operator: JACK L. McCLELLAN

Address: P. O. Box 848, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

- New Well [XX]
- Recompletion [ ]
- Change in Ownership [ ]

Change in Transporter of:

- Oil [ ]
- Casinghead Gas [ ]
- Dry Gas [ ]
- Condensate [ ]

Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 12/15/71 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.

If change of ownership give name and address of previous owner ______

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
LISA "B" FEDERAL	8	DOUBLE L QUEEN	FEDERAL	LC 069280-B

Location

Unit Letter C ; 990 Feet From The NORTH Line and 1650 Feet From The WEST

Line of Section 18 Township 15 SOUTH Range 30 EAST , NMPM, CHAVES County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [XX] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
NAVAJO REFINING CO., PIPELINE DIV.	N. FREEMAN AVE., ARTESIA, N. M. 88210

Name of Authorized Transporter of Casinghead Gas [XX] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
PHILLIPS PETROLEUM COMPANY	BARTLESVILLE, OKLAHOMA 74003

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	13	15S	29E	NO	11-15-71

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	XX							

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9/22/71	10/18/71	2042'	2036'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3934' GL	QUEEN	2018'	1972'
Perforations			**Depth Casing Shoe**
2018-2026'/2 SHOTS PER FOOT			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10"	8-5/8"	366'	100 SX (CIRC)
8"	5-1/2"	2041'	150 SX

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.)	
10/19/71	10/17/71	SWABBING AND FLOWING	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 HOURS	150	350	
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
153	141	12	44

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)

NOVEMBER 1, 1971
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 2 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 condition.

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