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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 C-110
Effective 1-1-55

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JAN 20 1975

Operator	McCLELLAN OIL CORPORATION	O. C. C.
Address	P. O. Box 848, Roswell, New Mexico 88201	ARTESIA, OFFICE
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	TRACT #2	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
SULIMAR QUEEN UNIT	7	SULIMAR QUEEN	FED LC-069280-B		
Location	D 660	Feet From The	NORTH	Line and	660
Unit Letter	19	Township	15 SOUTH	Range	30 EAST
			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 COMPANY	N. FREEMAN, 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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	24	15	29		

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 Rest.	Diff. Rest.
XX	XX							
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
10/30/74	12/03/74	2050'	2045'					
Elevations <u>BS, RAB, RT, GR, etc.</u>	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3923' GR	SULIMAR QUEEN	2020'	2003'					
Performance			Depth Casing Cased					
2 SHOTS PER FOOT 2020-2023'								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12"	10"	24'	15 YDS READY MIX
8"	7"	456'	50 SX
6"	5 1/2"	2046'	150 SX
	2 3/4"	2003'	

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WFLM

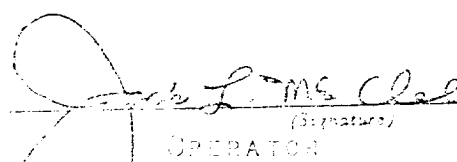
(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
12/16/74	12/31/74	PUMP	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 HOURS	40	0	
Water Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
161	15	146	0

API SPEC	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Formal Prod. Test - MCF/D			
Flowing Pressure (Static, Back prod)	Tubing Pressure (Static - 12)	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.


OPERATOR
JANUARY 17, 1975
District

OIL CONSERVATION COMMISSION

APPROVED JAN 23 1975

BY W. A. Grissett

TITLE SUPERVISOR, DISTRICT II

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 allowables on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of a well, well name or number, or transporter or other such change or condition.

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