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	SANTA FE		1			INC	-44 14	
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	U.S.G.S.		1		Δ	UTHORIZ	7 ΔΤ	
	LAND OFFICE					.011101112	-71	
	IRANSPORTER	O1L GAS	1					
	OPERATOR		2					
I.	PRORATION OFFICE							
	Operator							
	JACK L. MCCLELLAN			. A N		V		
	Address							
	Box 848,	Ros	WEL	٠,	NEW	MEXIC	0	
	Reason(s) for filing	(Check p	roper	box)				
	New Well	X			Ch	ange in Tra	nspo	
	Recompletion				011			
	Change in Ownership				Са	singhead Go	ıs [
	If change of owners and address of prev							
II.	DESCRIPTION O	F WEL	<u>L A</u>	ND I	LEASE			
	Lease Hamdi C !!						We	
	LISA FE	DERA	, יו	سبب			1 :	

III.

MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

U.S.G.S. LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS RECEIVE					
IRANSPORTER OIL / GAS			FEB 2 4 1969			
OPERATOR 2	_		O. C. C.			
Operator	V		ARTESIA, OFFICE			
JACK L. MCCLELLA	N					
Box 848, Roswell Reason(s) for filing (Check proper bo	NEW MEXICO 88201	Other (Please explain)				
New Well	Change in Transporter of:		·			
Itecompletion Change in Ownership	Oil Dry Ga Casinghead Gas Conder	≒ I				
If change of ownership give name and address of previous owner						
DESCRIPTION OF WELL AND		13731 5-1-	69			
Lease Hamel C"	-	me, Including Formation	Kind of Lease LC0198280-C State, Federal or Fee FEDERA			
Location	2 301	IMAR - Open sinde	State, Federal or Fee FEDERA			
Unit Letter G; 1980	O1 Feet From The EAST Lin	e and 1650^{1} Feet Fr	om The NORTH			
Line of Section 24 , To	ownship 15-S Range	29-Е , ммрм, Сн	AVES County			
	TED OF OUR AND NATURAL CA	c				
Name of Authorized Transporter of O	RTER OF OIL AND NATURAL GA		proved copy of this form is to be sent)			
PERMIAN CORP. Name of Authorized Transporter of Co	asinghead Gas or Dry Gas	MIDLAND, TEXAS Address (Give address to which ap	proved copy of this form is to be sent)			
Maile of Admortzed Transporter of C	35 Mg/1044 045 01 21/ 045		p			
If well are uses oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When			
give it mitten of tanks.	A 24 15-S 29-E	No	WAITING			
-	ith that from any other lease or pool,	give commingling order number:	· · · · · · · · · · · · · · · · · · ·			
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff, Rest			
Designate Type of Complet	ion – (X)	X				
Date Spudded 	Date Compl. Ready to Prod. 2/19/69	Total Depth 2040 1	203)t 1			
1/29/09 [real	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
SULIMAR QUEEN	QUEEN	19481	19421 Depth Casing Shoe			
Perforations 1948-2002			2035 !			
TUBING, CASING, AND CEMENTING RECORD						
HOLE SIZE	casing & tubing size	DEPTH SET	SACKS CEMENT			
12 3/4	52"	42 1' 2035'	50 150			
	2 3/8"	1942	1)0			
EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed to						
OH. WELL Sate First New Oil Run To Tanks			s lift, etc.)			
2/19/69	2/19/69	SWABBING				
Length of Test	Tubing Pressure	using Pressure	Tnok: Size			
12 HOURS Actual Prod. During Test	20 LBS.	40 LBS,	2 ¹ .			
120 BBLS.	60 BBLS.	60 BBLS.FRAC WA	TER TSTM			
CAC WEY Y						
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Phis. Condensate/MMCF	Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size			
CERTIFICATE OF COMPLIAN	ERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION FEB 2 4 1969			
I hereby certic, that the rules and	regulations of the Oil Conservation with and that the information given	APPROVED				
	with and that the information given be best of my knowledge and belief.	BY M. C. S	esset			
		TITLE OIL AND GAS INSPECTOR				
()	.	This form is to be filed	in compliance with RULE 1104.			
July J. Mic	600-	If this is a request for allowable for a newly drilled or deepene				
/ \ (Sig	nature)	well, this form must be accompanied by a tabulation of the deviatio				

OPERATOR
(Title)
FEBRUARY 22, 1969

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 Sections I, II, III, and VI only 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.