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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 1-1-65

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MAR 12 1969

**O. C. C.
ARTEZIA, OFFICE**

(A)

I. OPERATOR

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 Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name: **LISA "C" FEDERAL** Well No.: **3** Pool Name, including Formation: **SULIMAR QUEEN** Kind of Lease: **FEDERAL**

Location: Unit Letter **H**; **1980** Feet From The **NORTH** Line and **760** Feet From The **EAST**

Line of Section **24**, Township **15-S** Range **29-E**, NMPM, **CHAVES** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
THE PERMIAN CORPORATION Address (Give address to which approved copy of this form is to be sent)
Box 3119, MIDLAND, TEXAS 79701

Name of Authorized Transporter of Casinghead Gas or Dry Gas
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 **A** Sec. **24** Twp. **15S** Rge. **29E** Is gas actually connected? **No** When **WAITING ON CONNECTION**

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 2/18/69	Date Compl. Ready to Prod. 3/10/69	Total Depth 2056'	P.B.T.D. 2954' 2054'					
Pool SULIMAR	Name of Producing Formation QUEEN SAND	Top Oil/Gas Pay 2014'	Tubing Depth 1982'					
Perforations 2 SHOTS/FT. 2014 - 2026'	Depth Casing Shoe 2055'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-3/4"	8-5/8"	417'	50 SX
8"	5-1/2"	2056'	150 SX
	2 3/8"	1982	

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 3/10/69	Date of Test 3/10/69	Producing Method (Flow, pump, gas lift, etc.) SWABBING
Length of Test 6 HRS.	Tubing Pressure 20 LB.	Casing Pressure 150 Choke Size 2"
Actual Prod. During Test 112 BF	Oil-Bbls. 32	Water-Bbls. 80 (FRAC WATER) Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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)
MARCH 11, 1969
(Date)

OIL CONSERVATION COMMISSION
MAR 12 1969

APPROVED _____, 19____
BY **W. A. Gressett**
OIL AND GAS INSPECTOR

TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable on 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 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.