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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

RECEIVED

MAR 12 1969

O. C. C.  
ARTESIA, OFFICE

Operator JACK L. McCLELLAN	
Address P. O. Box 848, ROSWELL, NEW MEXICO, 88201	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

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 State, Federal or Fee 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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> 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 <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 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

TITLE OIL AND GAS INSPECTOR

This form is to be filed in compliance with RULE 1104.

If this is a request 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 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.