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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

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APR 30 1969

O. C. C.  
ARTESIA, OFFICE

Operator JACK L. MCCLELLAN	
Address Box 848, ROSWELL, NEW MEXICO, 88201	
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 LISA "A" FEDERAL	Well No. 2	Pool Name, Including Formation SULIMAR-QUEEN	Kind of Lease State, Federal or Fee FEDERAL
Location Unit Letter F, 1980 Feet From The NORTH Line and 1980 Feet From The WEST Line of Section 24, Township 15S, Range 29E, 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"/> NOT CONNECTED	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 F	Sec. 24
	Twp. 15	Rge. 29
	Is gas actually connected? NO	
	When	

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			XX					
Date Spudded 3/10/69	Date Compl. Ready to Prod. 4/05/69		Total Depth 2008'		P.B.T.D. 2004'			
Pool SULIMAR-QUEEN	Name of Producing Formation QUEEN		Top Oil/Gas Pay 1968'		Tubing Depth 1961'			
Perforations 2 SHOTS/FOOT 1972-1979'					Depth Casing Shoe 2005'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-3/4"	8-5/8"		390'		50 SACKS			
8"	5-1/2"		2005'		150 SACKS			
	2 3/8"		1961'					

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)

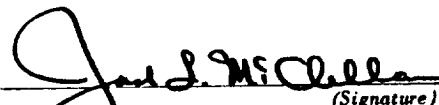
Date First New Oil Run To Tanks 4/10/69	Date of Test 4/10/69	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24 HOURS	Tubing Pressure 75	Casing Pressure 200	Choke Size 3/8"
Actual Prod. During Test 72	Oil-Bbls. 72	Water-Bbls. 0	Gas-MCF NOT MEASURED

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.

  
(Signature)

OPERATOR

(Title)

APRIL 29, 1969

(Date)

OIL CONSERVATION COMMISSION

APR 30 1969

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY   
TITLE OIL AND GAS INSPECTOR

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 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.