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U.S.G.S.

LAND OFFICE

TRANSPORTER OIL 1 GAS

OPERATOR 2

PRODUCTION 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

RECEIVED

SEP 5 1969

O. C. C.
ARTESIA, NEW MEXICO

Operator JACK L. MCCLELLAN

Address P. O. Box 848, ROSWELL, NEW MEXICO, 88201

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of: Oil ☒ Dry Gas ☐ Condensate ☐ from Navajo

Recompletion ☐

Change in Ownership ☐ Casinghead Gas ☐

If change of ownership give name and address of previous owner

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

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 F Sec. 24 Twp. 15S Rge. 29E Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		Gas - MCF

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

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 of Jack L. McClellan

OPERATOR

SEPTEMBER 4, 1969

OIL CONSERVATION COMMISSION

SEP 5 1969

APPROVED BY W. A. Gressett

TITLE

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