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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. C.
ARTESIA, OFFICE

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

JUN 21 1972

Operator		JACK L. McCLELLAN	
Address		Box 848 - ROSWELL, NEW MEXICO 88201	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	CHANGE IN WELL STATUS FROM INJECTION TO FLOWING	
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		Well No.		Pool Name, Including Formation		Kind of Lease		Lease No.	
Lease Name		#2		SULIMAR QUEEN		FEDERAL		LC 069280-A	
SULIMAR QUEEN UNIT						State, Federal or Fee			
Location		Unit Letter		1980		Feet From The		N	
		Line and		1980		Feet From The		W	
Line of Section		24		Township		15S		Range	
						29E		, NMPM,	
								CHAVES	
								County	

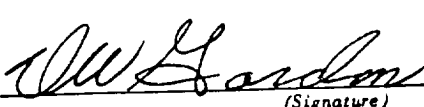
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
NAVAJO RFG. CO., PIPELINE DIVISION				ARTESIA, NEW MEXICO 88210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
PHILLIPS PETROLEUM COMPANY		BARTLESVILLE, OKLAHOMA 74003			
If well produces oil or liquids, give location of tanks.		Unit		Sec.	
		F		24	
		Twp.		Rge.	
		15S		29E	
		Is gas actually connected?		When	
		YES		2-18-71	

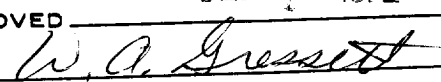
If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA		Designate Type of Completion - (X)		Oil Well		Gas Well		New Well		Workover		Deepen		Plug Back		Same Res'v.		Diff. Res'v.	
Date Spudded		Date Compl. Ready to Prod.		Total Depth		P.B.T.D.													
Elevations (DF, RKB, RT, GR, etc.)		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													

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		Date of Test	
Length of Test		Producing Method (Flow, pump, gas lift, etc.)	
Actual Prod. During Test		Tubing Pressure	
		Casing Pressure	
		Choke Size	
		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 (shut-in)		Casing Pressure (shut-in)		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)	
PRODUCTION SUPERINTENDENT	
(Title)	
JUNE 19, 1972	
(Date)	

OIL CONSERVATION COMMISSION	
SEP 1 1972	
APPROVED	
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 only Sections I, II, III, and VI 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.	