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TRANSPORTER	OIL	1
	GAS	
OPERATOR		
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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

MAY 13 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 "C" FEDERAL	Well No. 4	Pool Name, Including Formation SULIMAR QUEEN	Kind of Lease State, Federal or Fee FEDERAL
Location Unit Letter J, 1980 Feet From The SOUTH Line and 1980 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"/> 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'tv.	Diff. Res'tv.
Date Spudded 4/12/69	Date Compl. Ready to Prod. 5/02/69	Total Depth 2038'	P.B.T.D. 2034'					
Pool SULIMAR	Name of Producing Formation QUEEN SAND	Top Oil/Gas Pay 1989'	Tubing Depth 1952'					
Perforations 2 SHOTS/FOOT - 1989-2002'			Depth Casing Shoe 2037'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12-3/4"	CASING & TUBING SIZE 8-5/8"		DEPTH SET 401'		SACKS CEMENT 50			
8"	5-1/2"		2038'		150			
	2 3/8"		1952					

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 5/02/69	Date of Test 5/02/69	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 HOURS	Tubing Pressure	Casing Pressure 200 LBS.	Choke Size 2"
Actual Prod. During Test 208 BF	Oil - Bbls. 112	Water - Bbls. 96 (LOAD WATER)	Gas - MCF 100

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)

MAY 12, 1969
(Date)

OIL CONSERVATION COMMISSION

MAY 13 1969

APPROVED _____, 19

BY W. A. Gressitt

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.