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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 26 1969

O. C. C.
ARTESIA OFFICE

Operator JACK L. McCLELLAN	
Address 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

I. DESCRIPTION OF WELL AND LEASE

Lease Name LISA "A" FEDERAL	Well No. 3	Pool Name, Including Formation SULIMAR QUEEN	Kind of Lease State, Federal or Fee FEDERAL
Location			
Unit Letter C	660	Feet From The NORTH Line and 2310	Feet From The WEST
Line of Section 24	Township 15S	Range 29E	NMPM, CHAVES County

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

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

VI. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5/2/69	Date Compl. Ready to Prod. 5/22/69	Total Depth 2025'	P.B.T.D. 2019'					
Pool SULIMAR	Name of Producing Formation QUEEN	Top Oil/Gas Pay 1980'	Tubing Depth 1950'					
Perforations 2 SHOTS/FOOT 1980-1992'			Depth Casing Shoe 2020					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/2"	8-5/8"	398'	50					
8"	5-1/2"	2020'	150					
	2-3/8"	1950'						

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)

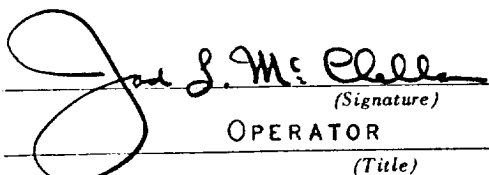
Date First New Oil Run To Tanks 5/23/69	Date of Test 5/23/69	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 HOURS	Tubing Pressure	Casing Pressure 150	Choke Size 2"
Actual Prod. During Test 220	Oil - Bbls. 100	Water - Bbls. 120 (LOAD WATER)	Gas - MCF 36

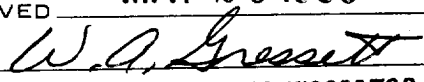
GAS WELL

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)
MAY 23, 1969
(Date)

OIL CONSERVATION COMMISSION
MAY 26 1969
APPROVED _____, 19____
BY 
OIL AND GAS INSPECTOR
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 completed wells.