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DISTRIBUTION SANTA FE	REQUEST FO	ASERVATION COMMISSION OR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
U.S.G.S. LAND OFFICE		SPORT OIL AND NATURAL GA ▼ E D	S
OPERATOR / PRORATION OFFICE	SEP - 8 1	972	
Operator MCCLELLAN OIL CORPORATION D. C. C.			
Address Box 848 - Roswell, New Mexico 88210			
Reason(s) for filing (Check proper box) Other (Please explain)			
New We!l Change in Transporter of: Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate			
If change of ownership give name JACK L. MCCLELLAN - BOX 848 - ROSWELL, NEW MEXICO 88201 and address of previous owner			
DESCRIPTION OF WELL AND LEASE			
SULIMAR QUEEN UNIT #4 SULIMAR QUEEN - QUEEN State, Federal or Fee LC \$69280-A			
Location Unit Letter K : 2310 Feet From The S Line and 2310 Feet From The W			
Line of Section 24 Township 15 SOUTH Range 29 EAST, NMFM, CHAVES County			
DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which approve	ed copy of this form is to be sent)
Name of Authorized Transporter of Oll NAVAJO REFINING CO1	PIPELINE DIVISION	Artesia, New Mexi	co 88210
Name of Authorized Transporter of Cast PHILLIPS PETROLEUM (Address (Give address to which approve BARTLESVILLE, OKL	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege. F 24 155 29E	Is gas actually connected? When YES	2-18-71
If this production is commingled with		ive commingling order number:	
Designate Type of Completion		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		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			and must be equal to or exceed top allows
7. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- able for this depth or be for full 24 hours) OIL WELL Producing Method (Flow, pump, gas lift, etc.)			
Date First New Oil Run To Tanks	Date of Test	Producing Method [1:00, pamp, gas	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas - MCF
l <u></u>	-l	4,	
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
I. CERTIFICATE OF COMPLIAN	CE		ATION COMMISSION
I hereby certify that the rules and regulations of the Oil Conservation		APPROVED	
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY_ W. a. A rescett	
		TITLE GAS INSPE	
a Ull nedon		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened	
(Signature) PRODUCTION SUPERINTENDENT		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 allow- able on new and recompleted wells.	
(Title)			
SEPTEMBER 1, 1972 (Date)		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	