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TRANSPORTER	OIL	1
	GAS	
OPERATOR	2	
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

Supersedes Old C-104 and C-110
Effective 1-1-65REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	
JACK L. MCCLELLAN ✓	
Address	
P. O. Box 848, ROSWELL, NEW MEXICO 83201	
Reason(s) for filing (Check proper box)	
New Well	<input checked="" type="checkbox"/>
Recompletion	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>
Change in Transporter of:	
Oil	<input type="checkbox"/>
Casinghead Gas	<input type="checkbox"/>
Dry Gas	<input type="checkbox"/>
Condensate	<input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
LISA "A" FEDERAL	5	SULIMAR QUEEN ✓	State, Federal or Fee FEDERAL
Location			
Unit Letter	N	660 Feet From The	SOUTH Line and 1980 Feet From The WEST
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)		
THE PERMIAN CORPORATION	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)		
NONE			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	F	24	15S
			29E
Is gas actually connected?	When		

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.
XX	XX		XX					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
JULY 6, 1969	JULY 23, 1969	2020'		2015'				
Pool	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
SULIMAR Queen	QUEEN	1976'		1930'				
Perforations	Depth Casing Shoe							
2 SHOTS/FOOT 1976-88 AND 1 SHOT AT 2004 & 2006'	2016							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8-5/8"		383'		50 SX			
8"	5 1/2"		2016'		150 SX			
	2 3/8"		1930					

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	Producing Method (Flow, pump, gas lift, etc.)	
JULY 26, 1969	JULY 28, 1969	PUMPING	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 HOURS	0	75	2"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls. *	Gas-MCF
130	70	60	TSTM

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)
JULY 29, 1969
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 30 1969, 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 well completed.