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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-11
Effective 1-1-65

RECEIVED
OCT 14 1969
O. C. C.
ARTESIA OFFICE

JACK L. MCCLELLAN

Box 848, ROSWELL, NEW MEXICO, 88201

Reasons for filing (Check proper box)

New Well

XX

Change in Transporter of:

Oil

Dry Gas

Completion

Casinghead Gas

Condensate

Ownership

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease
LISA "A" FEDERAL	7	SULIMAR QUEEN	State, Federal or Fee FEDERAL
Location			
Unit Letter	M	330 Feet From The	SOUTH Line and 660 Feet From The WEST
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	XX	or Condensate		Address (Give address to which approved copy of this form is to be sent)		
NAVAJO REFINING CO., PIPE LINE DIVISION				NORTH FREEMAN AVE., ARTESIA, N. M. 88211		
Name of Authorized Transporter of Casinghead Gas		or Dry Gas		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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	24	15	29		

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.					
9/14/69	10/5/69	1999'	1987'					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
SULIMAR	QUEEN	1960'	1960'					
Perforations	Depth Casing Shoe							
1960-67'								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
10"	8-5/8"	382'	50 SX					
8"	5-1/2"	1999'	150 SX					
	2"	1960'						

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.)	
10/5/69	10/5/69	PUMPING	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 HOURS	0	50#	2"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
100	100	0	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.

Loris Taylor

SECRETARY

OCTOBER 13, 1969

(Date)

OIL CONSERVATION COMMISSION

APPROVED

OCT 14 1969

BY

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.