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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

SEP - 8 1972

Operator	<b>O. C. C.</b>
	<b>MCCLELLAN OIL CORPORATION</b>
Address	<b>Box 848 - ROSWELL, NEW MEXICO 88210</b>

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner **JACK L. MCCLELLAN - Box 848 - ROSWELL, NEW MEXICO 88201**

DESCRIPTION OF WELL AND LEASE	
Lease Name	<b>TRACT IV</b>
	<b>SULIMAR QUEEN UNIT</b>
Well No.	<b>#1</b>
Pool Name, including Formation	<b>SULIMAR QUEEN - QUEEN</b>
Kind of Lease	<b>FEDERAL</b>
State, Federal or Fee	<b>NM 0458356</b>
Location	
Unit Letter	<b>A</b>
	<b>330</b>
Feet From The	<b>N</b>
Line and	<b>330</b>
Feet From The	<b>E</b>
Line of Section	<b>26</b>
Township	<b>15 SOUTH</b>
Range	<b>29 EAST</b>
	<b>NMPM,</b>
	<b>CHAVES</b>
	<b>County</b>

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)
<b>NAVAJO REFINING CO.-PIPELINE DIVISION</b>	<b>ARTESIA, NEW MEXICO 88210</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>PHILLIPS PETROLEUM COMPANY</b>	<b>BARTLESVILLE, OKLAHOMA 74003</b>
If well produces oil or liquids, give location of tanks.	Unit
	<b>A</b>
	<b>26</b>
	<b>15S</b>
	<b>29E</b>
Is gas actually connected?	When
<b>YES</b>	<b>3-9-71</b>

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

COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well
	Gas Well
	New Well
	Workover
	Deepen
	Plug Back
	Same Res't.
	Diff. Res't.
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 CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
	DEPTH SET
	SACKS CEMENT

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.)
Length of Test	Tubing Pressure
	Casing Pressure
	Choke Size
Actual Prod. During Test	Oil - Bbls.
	Water - Bbls.
	Gas - MCF

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

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.	
<b>W. A. Gurnett</b>	
(Signature)	
PRODUCTION SUPERINTENDENT	
(Title)	
SEPTEMBER 1, 1972	
(Date)	
OIL CONSERVATION COMMISSION	
SEP 13 1972	
APPROVED	
BY	
TITLE <b>OIL AND GAS INSPECTOR</b>	
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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.	