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	GAS	
OPERATOR		
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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

DEC 23 1969

Operator JACK L. McCLELLAN		ARTESIA OFFICE	
Address P. O. Box 848, ROSWELL, NEW MEXICO, 88201			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name CARTEL FEDERAL	Well No. 2	Pool Name, Including Formation SULIMAR QUEEN	Kind of Lease State, Federal or Fee FEDERAL
Location Unit Letter P ; 330 Feet From The SOUTH Line and 330 Feet From The EAST Line of Section 23 , Township 15-S Range 29-E , 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"/> NAVAJO REFINING CO., PIPELINE DIVISION	Address (Give address to which approved copy of this form is to be sent) NORTH FREEMAN AVE., ARTESIA, N. M. 88210		
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 P	Sec. 23	Twp. 15
		Rge. 29	Is gas actually connected? NO
			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					
Date Spudded 11/14/69	Date Compl. Ready to Prod. 12/18/69		Total Depth 1994'		P.B.T.D. 1991'			
Pool SULIMAR	Name of Producing Formation QUEEN		Top Oil/Gas Pay 1954'		Tubing Depth 1910'			
Perforations 1954-1964' 2 SHOTS PER FOOT					Depth Casing Shoe 1992			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2"	8-5/8"		364'		50 SX			
8"	5-1/2"		1992'		150 SX			
	2"		1910					

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)

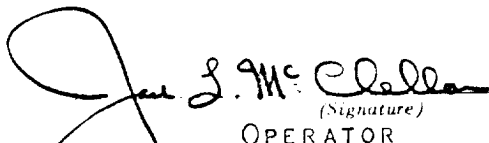
Date First New Oil Run To Tanks 12/18/69	Date of Test 12/19/69	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24 HOURS	Tubing Pressure 250	Casing Pressure 600	Choke Size 32/64"
Actual Prod. During Test 648	Oil - Bbls. 648	Water - Bbls. 0	Gas - MCF 175

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

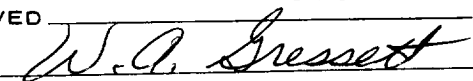
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
OPERATOR

DECEMBER 19, 1969
(Date)

OIL CONSERVATION COMMISSION

DEC 23 1969

APPROVED _____, 19____
BY 
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 pool in multiply completed wells.