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 FILE
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 LAND OFFICE
 TRANSPORTER OIL GAS
 OPERATOR
 PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

Form C-104
 Supersedes Old C-104 and C-110
 Effective 1-1-65

SEP - 8 1972

Operator **McCLELLAN OIL CORPORATION** **O. C. C.**
 Address **Box 848 - ROSWELL, NEW MEXICO 88210**
 Reason(s) for filing (Check proper box)
 New Well ☐ Change in Transporter of:
 Recompletion ☐ Oil ☐ Dry Gas ☐
 Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

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 **TRACT IV** Well No. **#2** Pool Name, Including Formation **SULIMAR QUEEN - QUEEN** Kind of Lease **FEDERAL** Lease No. **NM 0458356**
 Location
 Unit Letter **B** **990** Feet From The **N** Line and **1650** Feet From The **E**
 Line of Section **26** Township **15 SOUTH** Range **29 EAST**, NMFM, **CHAVES** County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
NAVAJO REFINING CO.-PIPELINE DIVISION Address (Give address to which approved copy of this form is to be sent) **ARTESIA, NEW MEXICO 88210**
 Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
PHILLIPS PETROLEUM COMPANY Address (Give address to which approved copy of this form is to be sent) **BARTLESVILLE, OKLAHOMA 74003**
 If well produces oil or liquids, give location of tanks. Unit **A** Sec. **26** Twp. **15S** Rge. **29E** Is gas actually connected? **YES** When **3-9-71**

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'v. ☐ Diff. Res'v. ☐
 Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
 Elevations (DF, RKB, RT, CR, 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

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.)
 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 (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) 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.
W. H. Gordon
 (Signature)
 PRODUCTION SUPERINTENDENT
 (Title)
 SEPTEMBER 1, 1972
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED **SEP 13 1972**, 19____
 BY **W. A. Gressett**
 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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.