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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. ARTESIA, OFFICE	
Address Box 848 - ROSWELL, NEW MEXICO 88210			
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"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	Casinghead 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

Lease Name TRACT V SULIMAR QUEEN UNIT		Well No. #2	Pool Name, including Formation SULIMAR QUEEN - QUEEN	Kind of Lease FEDERAL NM	Lease No. 0493370-A
Location					
Unit Letter G	2310	Feet From The N	Line and 1650	Feet From The E	
Line of Section 26	Township 15 SOUTH	Range 29 EAST	NMPM,	CHAVES	County

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) ARTESIA, NEW MEXICO 88210				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 H	Sec. 26	Twp. 15S	Rce. 29E	Is gas actually connected? YES	When 3-9-71

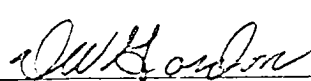
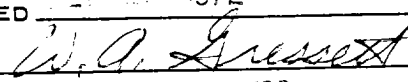
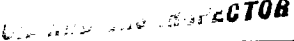
If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
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				

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 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED SEP 11 1972, 19	
 (Signature) PRODUCTION SUPERINTENDENT (Title) SEPTEMBER 1, 1972 (Date)		BY  TITLE  DIRECTOR	
		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.	