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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE RECEIVED
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
 JUL 24 1972

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

O. C. C
 ARTESIA, OFFICE

I. OPERATOR

Operator: JACK L. McCLELLAN

Address: Box 848 - ROSWELL, NEW MEXICO 88201

Reason(s) for filing (Check proper box):

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"/>

Other (Please explain):

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>TRACT V SULIMAR QUEEN UNIT</u>	Well No. <u>3</u>	Pool Name, Including Formation <u>SULIMAR QUEEN</u>	Kind of Lease <u>FEDERAL</u> State, Federal or Fee	Lease No. <u>NM 0493370-A</u>
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Location:
 Unit Letter J ; 2310 Feet From The SOUTH Line and 2310 Feet From The EAST
 Line of Section 26 Township 15 SOUTH Range 29 EAST , 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"/> <u>NAVAJO REFG. CO. - PIPELINE DIVISION</u>	Address (Give address to which approved copy of this form is to be sent) <u>ARTESIA, N W MEXICO 88210</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>PHILLIPS PETROLEUM COMPANY</u>	Address (Give address to which approved copy of this form is to be sent) <u>BARTLESVILLE, OKLAHOMA 74003</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>26</u>	Twp. <u>15S</u>	Rge. <u>29E</u>
	Is gas actually connected? <u>YES</u>		When <u>7-13 3-9-72</u>	

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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded <u>6-04-72</u>	Date Compl. Ready to Prod. <u>7-7-72</u>		Total Depth <u>1975</u>		P.B.T.D. <u>1974</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3926.8 GR</u>	Name of Producing Formation <u>QUEEN</u>		Top Oil/Gas Pay <u>1938</u>		Tubing Depth <u>1953</u>			
Perforations <u>1938-1948</u>							Depth Casing Shoe <u>1975</u>	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	<u>8 5/8</u>	<u>250</u>	<u>100</u>
	<u>4 1/2</u>	<u>1975</u>	<u>150</u>
	<u>2 3/8 EUE</u>	<u>1953</u>	

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 <u>7-13-72</u>	Date of Test <u>7-19-72</u>	Producing Method (Flow, pump, gas lift, etc.) <u>PUMP</u>	
Length of Test <u>24 HOURS</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. <u>85</u>	Water - Bbls. <u>43</u>	Gas - MCF <u>77</u>

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

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. A. Gordon
 (Signature)
 PRODUCTION SUPERINTENDENT
 (Title)
 JULY 19, 1972
 (Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 31 1972, 19____

BY W. A. Grosse

TITLE OIL AND GAS REQUEST

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.
 Separate Forms C-104 must be filed for each pool in multiply