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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

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APR - 2 1976

Operator	McClellan Oil Corporation	O. C. C. ARTESIA, OFFICE
Address	P O Box 848, Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	Casinghead Gas MUST NOT BE FLARED OR 7-1-76 UNLESS EXCEPTION TO Rule 306 IS OBTAINABLE New allowable	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion	<input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead 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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
*Lisa "BS"	1	Sulimar San Andres	State, Federal or Fee Fed.	LC-069280-B
Location	Unit Letter 0; 990 Feet From The South Line and 1650 Feet From The East			
Line of Section	13	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"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Crude Oil Purchasing Company	Box 159, 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)					
None						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	0	13	15-S	29-E	None	waiting on Phillips

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.
X	X		X		X			X
Date Spudded deepened	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
8/10/75	11/25/75	See 9-330 3970 3387	See 9-330 3965 3385					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3970 GL	Sulimar San Andres	3325 3326	3290					
Perforations	Depth Casing Shoe							
3326-3340 w/2 shots per foot	3387							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-3/4"	10-3/4"	32'	10 sx circ.					
8"	5 1/2"	3387'	100 sx					
		2 3/8'	3290					

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.)	
11/25/75	11/28/75	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	0	0	2"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	8	15	TSTM

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.

Operator
April 1, 1976
(Signature)
(Title)
(Date)

* Previously Lisa B #1 Undesignated San Andres

OIL CONSERVATION COMMISSION
APR - 5 1976

APPROVED
BY
TITLE

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 recompleted wells.

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O. C. C.
ARTESIA. OFFICE

