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| U.S.G.S.               |     |       |   |
| LAND OFFICE            |     |       |   |
| TRANSPORTER            | OIL | 1     |   |
| IRANSPORTER            | GAS |       |   |
| OPERATOR               |     | 1     |   |
| PRORATION OFFICE       |     |       |   |
| Cinerator              |     |       |   |

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104
Supercodes Old C-104 and C-110

| }                                                                       | FILE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | REQUEST F                              | OR ALLOWABLE                                                             | Effective 1-1-65                            |                                                                                                                                                                 |  |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                                         | U.S.G.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | AUTUODIZATION TO TOAK                  | AND<br>JEDODT OU AND NATUDAL C                                           | · A C                                       |                                                                                                                                                                 |  |
|                                                                         | LAND OFFICE OIL /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                        |                                                                          |                                             |                                                                                                                                                                 |  |
|                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        |                                                                          |                                             |                                                                                                                                                                 |  |
|                                                                         | TRANSPORTER GAS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        | <del>.</del>                                                             |                                             |                                                                                                                                                                 |  |
|                                                                         | OPERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                        | MAR 8 1976                                                               |                                             |                                                                                                                                                                 |  |
| 1.                                                                      | PRORATION OFFICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        | MAK 0 10                                                                 |                                             |                                                                                                                                                                 |  |
| -                                                                       | Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | . •                                    |                                                                          |                                             |                                                                                                                                                                 |  |
|                                                                         | McClellan Oil Corp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | poration -                             | ARTESIA, OFFICE                                                          |                                             |                                                                                                                                                                 |  |
|                                                                         | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                        | ARTESIA                                                                  |                                             |                                                                                                                                                                 |  |
|                                                                         | P. O. Box 848, Ros                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | swell, N M 882UL                       | Other (Please explain)                                                   |                                             |                                                                                                                                                                 |  |
|                                                                         | Reason(s) for filing (Check proper box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Change in Transporter of:              | Other (riedse explain)                                                   | ·                                           |                                                                                                                                                                 |  |
|                                                                         | New Well  Recompletion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Oil Dry Gas                            |                                                                          |                                             |                                                                                                                                                                 |  |
|                                                                         | Change in Ownership                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Casinghead Gas Condens                 |                                                                          |                                             |                                                                                                                                                                 |  |
|                                                                         | Grande III Grande III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                        |                                                                          |                                             |                                                                                                                                                                 |  |
|                                                                         | If change of ownership give name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | •                                      |                                                                          |                                             |                                                                                                                                                                 |  |
|                                                                         | and address of previous owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |                                                                          |                                             |                                                                                                                                                                 |  |
| II.                                                                     | DESCRIPTION OF WELL AND I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | EASE                                   |                                                                          |                                             |                                                                                                                                                                 |  |
|                                                                         | Lease Name Tract                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | I   Well No.   Pool Name, Including Fo |                                                                          | 1 - 1                                       |                                                                                                                                                                 |  |
|                                                                         | Sulimar Queen Unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 11   Sulimar Quee                      | 1 State, Federa                                                          | or FeeFederal LC-069280-A                   |                                                                                                                                                                 |  |
|                                                                         | Location                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ) llast                                | 2615                                                                     | South                                       |                                                                                                                                                                 |  |
|                                                                         | Unit Letter K 1370                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Feet From The West Line                | e and Z015 Feet From                                                     | The South                                   |                                                                                                                                                                 |  |
|                                                                         | 24 Town                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | nship 15-South Range 2                 | 9-East NMPM.                                                             | Chaves County                               |                                                                                                                                                                 |  |
|                                                                         | Line of Section 24 Tow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | nship 15-SOUTH Range 2                 | 9-East , NMPM,                                                           | Unaves County                               |                                                                                                                                                                 |  |
|                                                                         | PROPERTY AND AN OFFICE AND ANOTHER PROPERTY AND AN OFFICE AND | TER OF OIL AND NATIONAL CA             | 2                                                                        |                                             |                                                                                                                                                                 |  |
| III.                                                                    | DESIGNATION OF TRANSPORT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | or Condensate                          | Address (Give address to which appro                                     | ved copy of this form is to be sent)        |                                                                                                                                                                 |  |
|                                                                         | Navajo Crude Oil Purcha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                        | Box 159, Artesia, N M                                                    | 88210                                       |                                                                                                                                                                 |  |
|                                                                         | Name of Authorized Transporter of Cas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                        | Address (Give address to which approved copy of this form is to be sent) |                                             |                                                                                                                                                                 |  |
|                                                                         | Phillips Petroleum Com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                        | Bartlesville, Oklahom                                                    | na 74003                                    |                                                                                                                                                                 |  |
|                                                                         | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Unit Sec. Twp. P.ge.                   |                                                                          | ien .                                       |                                                                                                                                                                 |  |
|                                                                         | If well produces oil or liquids, give location of tanks.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | F   24   15   29                       | yes                                                                      | 3/03/76                                     |                                                                                                                                                                 |  |
|                                                                         | If this production is commingled wit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | h that from any other lease or pool.   | give commingling order number:                                           |                                             |                                                                                                                                                                 |  |
| IV.                                                                     | COMPLETION DATA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | if that from any other rest of proof   |                                                                          |                                             |                                                                                                                                                                 |  |
|                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Oil Well Gas Well                      | New Well   Workover   Deepen                                             | Plug Back   Same Resiv.   Diff. Resiv.      |                                                                                                                                                                 |  |
|                                                                         | Designate Type of Completion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1                                      | xx                                                                       |                                             |                                                                                                                                                                 |  |
|                                                                         | Date Spudded                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Date Compl. Ready to Prod.             | Total Depth                                                              | P.B.T.D.                                    |                                                                                                                                                                 |  |
|                                                                         | 2/02/76                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3/01/76                                | 2015'                                                                    | 2009 Tubing Depth                           |                                                                                                                                                                 |  |
|                                                                         | Elevations (DF, RKB, RT, GR, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name of Producing Formation            | Top Oil/Gas Pay                                                          | 1940'                                       |                                                                                                                                                                 |  |
|                                                                         | 3536 G.L.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Queen sand                             | 1970'                                                                    | Depth Casing Shoe                           |                                                                                                                                                                 |  |
|                                                                         | Perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 10701                                  |                                                                          | 2014'                                       |                                                                                                                                                                 |  |
|                                                                         | 2 shots per foot 1970-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TUBING CASING AND                      | CEMENTING RECORD                                                         |                                             |                                                                                                                                                                 |  |
|                                                                         | HOLE SIZE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CASING & TUBING SIZE                   | DEPTH SET                                                                | SACKS CEMENT                                |                                                                                                                                                                 |  |
|                                                                         | 10-3/4"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 8-5/8"                                 | 387'                                                                     | 200 (Circ.)                                 |                                                                                                                                                                 |  |
|                                                                         | 8"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 55"                                    | 2014 '                                                                   | 150                                         |                                                                                                                                                                 |  |
|                                                                         | 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                        |                                                                          |                                             |                                                                                                                                                                 |  |
|                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        | 1                                                                        |                                             |                                                                                                                                                                 |  |
| v                                                                       | TEST DATA AND REQUEST F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | OR ALLOWABLE (Test must be a           | fter recovery of total volume of load oi                                 | l and must be equal to or exceed top allow- |                                                                                                                                                                 |  |
| -                                                                       | OII. WELL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ante for this de                       | pth or be for full 24 hours) Producing Method (Flow, pump, gas           |                                             |                                                                                                                                                                 |  |
|                                                                         | Date First New Oil Run To Tanks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date of Test                           | -                                                                        |                                             |                                                                                                                                                                 |  |
|                                                                         | 3/03/76                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2/29/76 Tubing Pressure                | Pumping Casing Pressure                                                  | Choke Size                                  |                                                                                                                                                                 |  |
|                                                                         | Length of Test                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 30#                                    | 30#                                                                      | 2"                                          |                                                                                                                                                                 |  |
|                                                                         | 24 hours Actual Prod. During Test                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Oil-Bbls.                              | Water-Bbls.                                                              | Gas-MCF                                     |                                                                                                                                                                 |  |
|                                                                         | 86 bbls. oil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 86                                     | 15 BLW                                                                   | 26 10 10 10 10 10 10 10 10 10 10 10 10 10   |                                                                                                                                                                 |  |
|                                                                         | 00 0013. 011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                        |                                                                          |                                             |                                                                                                                                                                 |  |
|                                                                         | GAS WELL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                        |                                                                          |                                             |                                                                                                                                                                 |  |
|                                                                         | Actual Prod. Test-MCF/D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Length of Test                         | Bbls. Condensate/MMCF                                                    | Gravity of Condensate                       |                                                                                                                                                                 |  |
|                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        |                                                                          |                                             |                                                                                                                                                                 |  |
|                                                                         | Testing Method (pitot, back pr.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Tubing Pressure (Shat-in)              | Casing Pressure (Shut-in)                                                | Chake Size                                  |                                                                                                                                                                 |  |
|                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        |                                                                          |                                             |                                                                                                                                                                 |  |
| VI                                                                      | . CERTIFICATE OF COMPLIAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CE                                     | OIL CONSERV                                                              | OIL CONSERVATION COMMISSION MAR 8 1976      |                                                                                                                                                                 |  |
| I hereby certify that the rules and regulations of the Oil Conservation |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | APPROVED MAR 8 1976, 19                |                                                                          |                                             |                                                                                                                                                                 |  |
|                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        |                                                                          |                                             | Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  TITLE SUPE.  This form is |  |
| SUPERVISOR, DI                                                          | ERVISOR, DISTRICT II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        |                                                                          |                                             |                                                                                                                                                                 |  |
| This form is to be filed in compliance with RULE 1104.                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        |                                                                          |                                             |                                                                                                                                                                 |  |
|                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        |                                                                          | Jan J. MECO                                 |                                                                                                                                                                 |  |
|                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ature)                                 | tests taken on the well in acc                                           | ordence with RULE 111.                      |                                                                                                                                                                 |  |
|                                                                         | /Opera <b>t</b> or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        | 11                                                                       | nust be filled out completely for allow-    |                                                                                                                                                                 |  |

|       | me of Michaele  |  |
|-------|-----------------|--|
| Opera | (Signature)     |  |
| -     | (Title) 5, 1976 |  |
|       | (Date)          |  |

able 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 completed wells.