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

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

DEC 12 1977

O. C. C.
ARTESIA, OFFICE

Operator McClellan Oil Corporation	
Address P. O. Box 848, Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	Other (Please explain)
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

I. DESCRIPTION OF WELL AND LEASE		Lease No.
Lease Name <u>Sulimar Queen Unit</u>	Well No. 13	Kind of Lease State, Federal or Fee
Location Unit Letter <u>M</u> ; <u>990</u> Feet From The <u>South</u> Line and <u>150</u> Feet From The <u>West</u>		Lease No. Fed. NM-069280
Line of Section 24	Township 15-S	Range 29-E
County Chaves		

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		P. O. Drawer 175, Artesia, New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Bartlesville, Oklahoma 74003	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 24	Twp. 15
	Rge. 29	Is gas actually connected? Yes	
		When Time of completion	

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

V. COMPLETION DATA		Oil Well		Gas Well		New Well		Workover		Deepen		Plug Back		Same Res'v.		Diff. Res'v.	
Designate Type of Completion - (X)		X				X											
Date Spudded 6/28/77		Date Compl. Ready to Prod. 8/05/77		Total Depth 1975'		P.B.T.D. 1973'											
Elevations (DF, RKB, RT, GR, etc.) 3926 G. L.		Name of Producing Formation Queen sand		Top Oil/Gas Pay 1955'		Tubing Depth 1960'											
Perforations 1955 1/2 - 1957						Depth Casing Shoe											
TUBING, CASING, AND CEMENTING RECORD																	
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT											
10 1/4"		8-5/8"		388'		100 sx circ.											
8"		5 1/2"		1975'		150 sx											

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 8/10/77	Date of Test 8/15/77	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 10 lb.	Casing Pressure 0	Choke Size 2"
Actual Prod. During Test 52 BF	Oil - Bbls. 5	Water - Bbls. 47 BW	Gas - MCF TSTM

GAS WELL		Bbls. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test			12	
Testing Method (pilot, 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 DEC 12 1977	
Operator December 9, 1977		BY W. A. Gressett SUPERVISOR, DISTRICT II	
(Signature) (Title) (Date)		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 completed wells.	