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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

RECEIVED

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

DEC 11 '89

Operator New Mexico Institute of Mining and Technology ✓		Well API No. Q. C. D.
Address Petroleum Recovery Research Center, Socorro, NM 87801		ARTESIA, OFFICE
Reason(s) for Filing (Check proper box) New Well ☐ Change in Transporter of: Recompletion ☐ Oil ☐ Dry Gas ☐ Change in Operator ☒ Casinghead Gas ☐ Condensate ☐		
If change of operator give name and address of previous operator McClellan Oil Corporation, P.O. Drawer 730, Roswell, NM 88202		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sulimar Queen Unit Tr. 1	Well No. Tr. 13	Pool Name, Including Formation Sulimar Queen	Kind of Lease State, Federal or Fee	Lease No. LC-069280-A
Location Unit Letter M : 990 Feet From The South Line and 150 Feet From The West Line Section 24 Township 15S Range 29E, NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Navajo Refining Co.	or Condensate ☐	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, NM 88210			
Name of Authorized Transporter of Casinghead Gas	or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Tw. Rge.	Is gas actually connected?	When?

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
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
					Post ID-3			
					2-23-90			
					chg up			

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Mark McClellan
Printed Name Mark McClellan Geologist
Date 11/26/89 (505) 622-3200
Telephone No.

OIL CONSERVATION DIVISION
FEB 16 1990

Date Approved _____
By _____ ORIGINAL SIGNED BY
MIKE WILLIAMS
Title _____ SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.