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	SANTA FE		1			
	FILE		1	V		
	U.S.G.S.			L.		
	LAND OFFICE					
	TRANSPORTER	OIL	1			
1.		GAS	Ľ			
	OPERATOR		1			
	PRORATION OF	<u> </u>				
	Operator					
	McClellan Oil Co					
	Address			,		
	P. O. B	ox 84	48,	R		
	Reason(s) for filing	(Check	ropei	box		
	New Well	M				
	Recompletion					
	Change in Ownership					

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

FILE /		AND	Effective 1-1-65		
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURA			
LAND OFFICE	 		RECEIVED		
TRANSPORTER GAS	 				
OPERATOR /	1-1		OC T 1 0 1978		
PRORATION OFFICE	 		40 : 10 (5/0		
Operator			0. c'. c.		
McClellan Oil	Corporation /	<u> </u>	ARTESIA, DEFIDE		
Address	Paguall New Mayiga	20201			
	Roswell, New Mexico 8	Other (Please explain)			
Reason(s) for filing (Check prope	change in Transporter of:	CASINGHEA	D GAS MUST NOT BE		
Recompletion	Oil Dry C	THE TOTAL DEPO 182	mp /2-5-/8 V		
Change in Ownership Casinghead Gas Condensate UNLESS IN EX			EXCEPTION TO Keel 306		
		IS OBTAINE	1)		
If change of ownership give na- and address of previous owner		NFO MEC	mit No 2-309		
-					
I. DESCRIPTION OF WELL A	Well No. Pool Name, Including	Formation Kind of I	_ease Lease No.		
Marathon State	1 1	le L Queen Assoc State, Fe	deral or Fee State L-4749		
Location					
Unit Letter;	L650 Feet From The South	ine and Feet F	rom The West		
	146				
Line of Section 24	Township 14S Range	29E , NMPM,	Chaves County		
T DESIGNATION OF TRANSI	DODWED OF OU AND NATURAL C	146	•		
Name of Authorized Transporter	PORTER OF OIL AND NATURAL G	Address (Give address to which a	pproved copy of this form is to be sent)		
Navajo Crude Oil		Box 159, Artesia,	NM 88210		
Name of Authorized Transporter	of Casinghead Gas or Dry Gas	Address (Give address to which a	pproved copy of this form is to be sent)		
None	1 9				
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When		
give location of tanks.	K 24 145 291		4		
	ed with that from any other lease or poo	 give commingling order number: 	,		
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepe	n Plug Back Same Res'v. Diff. Res'v.		
Designate Type of Comp	pletion = (X) X	\times			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
8/17/78	10/03/78	1936'	1924'		
Elevations (DF, RKB, RT, GR, e		Top Oil/Gas Pay	Tubing Depth		
3793' GR 3795' I	OF Queen	1893'	1865 Depth Casing Shoe		
Perforations 1895-1905! - 2 sk	nots/ft. casing gun	•	1936'		
1033 1303 2 0.		ND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
8"	4½"	1936'	500 sx		
- 165 ·	2"	1865'			
			d all and much be sevel to be exceed top allow		
V. TEST DATA AND REQUES OIL WELL	ST DATA AND REQUEST FOR ALLOWABLE (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,			
10/05/78	10/0%/78	Pumping	Des Grant		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
24 hours	0	0 Water-Bbls.	2" Gas-MCF		
Actual Prod. During Test	Oil-Bbls.		TSTM		
72 BO 10 BLW	72				
GAS WELL					
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
			DIATION CONTROLON		
I. CERTIFICATE OF COMP	LIANCE	OIL CONSE	RVATION COMMISSION		
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED <u>OCT 1 1 1978</u> , 19		
Commission have been comp					
above is true and complete	to the best of my knowledge and belie	BY	TITLE SUPERVISOR, DISTRICT II 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.		
	•	TITLESUPERVISOI			
(\		- II · · · · · · ·			
1 1 9Ms	CO.00	Te at the second for			
Tong. Mal	(Signature)	ship form must be acc			
Operate	or	- All sections of this for			
()	(Title)	able on new and recomplet			
October		Fill out only Sections	I. II. III, and VI for changes of owner naporter, or other such change of condition		
	(Date)	Separate Forms C-104	must be filed for each pool in multipl		
		completed 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.