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TRANSPORTER	OIL	/
	GAS	
OPERATOR		/
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION ~~TO TRANSPORT~~ OIL AND NATURAL GAS

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

JAN 9 1979

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"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER 3-1-79 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED EX-2-316 et. 5-1-79
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <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 Name Marlisue	Well No. 2	Pool Name, Including Formation Double I Queen Assoc.	Kind of Lease State, Federal or Fee	Lease No. K-6772
Location				
Unit Letter F	2310	Feet From The North	Line and 1650	Feet From The West
Line of Section 24	Township 14	Range 29E	NMPM, Chaves	County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Crude Oil Purchasing Company	P. O. Box 159, Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 24	Twp. 14-S	Rge. 29E	Is gas actually connected? No	When Waiting on Phillips to test

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 11/21/78	Date Compl. Ready to Prod. 12/26/78	Total Depth 1935	P.B.T.D. 1929					
Elevations (DF, RKB, RT, GR, etc.) 3793' GL	Name of Producing Formation Queen Sand	Top Oil/Gas Pay 1900	Tubing Depth 1868					
Perforations 1902' - 1912'			Depth Casing Shoe 1934					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
10"	8 5/8"	309	200sx (Circ.)					
8"	4 1/2"	1930	250sx					
	2 3/8"	1868						

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)

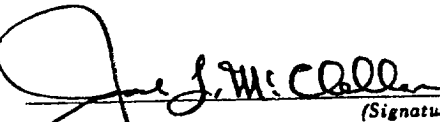
Date First New Oil Run To Tanks 12-26-78	Date of Test 12-28-78	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size 2"
Actual Prod. During Test 45	Oil - Bbls. 40	Water - Bbls. 5 (load)	Gas - MCF TSTM

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

VI. CERTIFICATE OF COMPLIANCE

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


(Signature)
Operator
(Title)
1/08/79
(Date)

OIL CONSERVATION COMMISSION

JAN 10 1979

APPROVED _____, 19____
BY W. A. Gressett
SUPERVISOR, DISTRICT II
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.