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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

AND RECEIVED BY
MAY 22 1984
O. C. D.
ARTESIA, OFFICE

Operator
McClellan Oil Corporation ✓
Address
P. O. Drawer 730, Roswell, NM 88202
Reason(s) for filing (Check proper box)
New Well Change in Transporter of:
Recompletion Oil Dry Gas
Change in Ownership Casinghead Gas Condensate
Other (Please explain)
Name change: from Marlise State #2

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Marlise Queen Unit (Tract 2)	Well No.	1	Pool Name, Including Formation	Double L Queen, Asso.	Kind of Lease	State
Location	Unit Letter <u>F</u> ; <u>2310</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>West</u> <u>K-6771</u>					State, Federal or Fee	State
Line of Section	<u>24</u>	Township	<u>14S</u>	Range	<u>29E</u>	NMPM,	Chaves County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Navajo Refining Co.	Address (Give address to which approved copy of this form is to be sent)	P. O. Box 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Phillips Petroleum	Address (Give address to which approved copy of this form is to be sent)	Bartlesville, Ok.
If well produces oil or liquids, give location of tanks.	Unit <u>F</u> Sec. <u>24</u> Twp. <u>14</u> Rge. <u>29</u>	Is gas actually connected?	yes <u>no</u>

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

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.					
Pool	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					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)		<u>Post #2-3</u>
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	<u>5-25-84</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	<u>Log Well Trans</u>

GAS WELL

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

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.

Mark McClellan
(Signature)

Geologist
(Title)

May 18, 1984
(Date)

OIL CONSERVATION COMMISSION

APPROVED 5/23, 19 84
BY Sam Books
TITLE Geologist

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 Sections I, II, III, and VI only 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.