

U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input checked="" type="checkbox"/>
OPERATOR	
PRORATION OFFICE	

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
RECEIVED BY OCT - 1 1986 O. C. D. ARTESIA, OFFICE	RECEIVED BY OCT - 8 1986 O. C. D. ARTESIA, OFFICE

Operator
McCLELLAN OIL CORPORATION
Address
P. O. DRAWER 730, Roswell, NM 88201

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	
Change in ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input checked="" 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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name MARLISUE QUEEN UNIT	Tract 2	Well No. 1	Pool Name, Including Formation Double L Queen, Asso	Kind of Lease State, Federal or Fee	State
Location Unit Letter F ; 2310 Feet From The North Line and 1650 Feet From The West Line of Section 24 , Township 14S Range 29E , NMPM, Chaves County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> PRIDE PIPELINE COMPANY	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 2436, Abilene, Tx. 79604					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> PHILLIPS 66 COMPANY	Address (Give address to which approved copy of this form is to be sent) BARTLESVILLE, OK. 74004					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 24	Twp. 14S	Rge. 29E	Is gas actually connected? <input type="checkbox"/>	When

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
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			
					Post ID-3			
					10-12-86			
					ch. HTI NRC			

VI. 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)

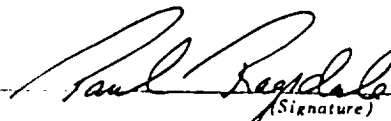
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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

I. 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)
OPERATIONS MANAGER
(Title)

September 30, 1986
(Date)

OIL CONSERVATION COMMISSION

OCT 10 1986
APPROVED _____, 19_____
BY **Original Signed By**
Les A. Clements
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 deepener 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.

