

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
PRORATION OFFICE		

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

RECEIVED

MAY 24 1979

Operator McClellan Oil Corporation ✓		O. C. C.
Address P. O. Box 848, Roswell, NM 88201		ARTESIA, OFFICE
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	CASINGHEAD GAS MUST NOT BE FLARED AFTER 7-1-79 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <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	Well No. 4	Pool Name, Including Formation Double L Queen Assoc.	Kind of Lease State, Federal or Fee	Lease No. K-6772
Location				
Unit Letter J	2310	Feet From The East	Line and 2145	Feet From The South
Line of Section 24	Township 14-S	Range 29-E	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"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) Box 159, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Gas Company	Address (Give address to which approved copy of this form is to be sent) 4th & Washington, Odessa, TX 79760					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 24	Twp. 14-S	Rge. 29-E	Is gas actually connected? No	When 6/15/79

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 3/12/79	Date Compl. Ready to Prod. 5/1/79		Total Depth 1984'		P.B.T.D. 1974'			
Elevations (DF, RKB, RT, GR, etc.) 3806.5' G.L.	Name of Producing Formation Queen sand		Top Oil/Gas Pay 1938'		Tubing Depth 1965'			
Perforations 1938' - 1948'					Depth Casing Shoe 1975'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
10"	8 5/8"		409'		150 sx. (circ.)			
8"	4 1/2"		1975'		100 sx.			

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 5/1/79	Date of Test 5/5/79	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 0	Casing Pressure 20 lbs.	Choke Size 1/2"
Actual Prod. During Test	Oil - Bbls. 7	Water - Bbls. 50	Gas - MCF 32

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.

Joe J. McClellan
(Signature)
Operator
(Title)
5/16/79
(Date)

OIL CONSERVATION COMMISSION

MAY 31 1979

APPROVED _____, 19____
BY W. A. Grissett
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.

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.