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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

NOV 17 1982

O. C. D.
ARTESIA OFFICE

Operator McClellan Oil Corporation ✓	
Address P.O. Drawer 730, Roswell, New Mexico 88202	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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

I. DESCRIPTION OF WELL AND LEASE		Lease No.
Lease Name <u>Sulimar Queen, Queen</u>	Well No. <u>15</u>	Pool Name, Including Formation <u>Sulimar Queen, Queen</u>
Tract I	Kind of Lease <u>Federal</u>	LC-069280-A
Location		
Unit Letter <u>N</u>	<u>990</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>West</u>	
Line of Section <u>13</u>	Township <u>15-S</u>	Range <u>29-E</u> , NMPM, <u>Chaves</u> County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	<u>Navajo Crude Oil Purchasing Company</u>	<u>P.O. Drawer 175, Artesia, NM 88210</u>	
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 <u>N</u>	Sec. <u>13</u>	Twp. <u>15</u> Rge. <u>29</u>
			Is gas actually connected? <u>No</u> When <u>N/A</u>

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

V. COMPLETION DATA		TUBING, CASING, AND CEMENTING RECORD	
Designate Type of Completion - (X)	<u>X</u>	Oil Well	Gas Well
Date Spudded <u>9-28-82</u>	Date Compl. Ready to Prod. <u>11-11-82</u>	New Well <u>X</u>	Workover
Elevations (DF, RKB, RT, GR, etc.) <u>3959' G.L.</u>	Name of Producing Formation <u>Queen</u>	Total Depth <u>2020'</u>	Deepen
Perforations <u>1990, 92, 94, 96</u>		Top Oil/Gas Pay <u>1990'</u>	Plug Back
		Depth Casing Shoe <u>2020'</u>	Same Res'v.
			Diff. Res'v.
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>10"</u>	<u>8-5/8"</u>	<u>403'</u>	<u>150 SX</u>
<u>8"</u>	<u>5-1/2"</u>	<u>2020'</u>	<u>150 SX</u>
	<u>2 3/8</u>	<u>1920</u>	

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 <u>11-16-82</u>	Date of Test <u>11-13-82</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>0</u>	Casing Pressure <u>0</u>	Choke Size <u>2"</u>
Actual Prod. During Test <u>90 BF</u>	Oil-Bbls. <u>65</u>	Water-Bbls. <u>25</u>	Gas-MCF <u>TSTM</u>

GAS WELL		Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	
Testing Method (pilot, 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.

Paul Reynolds
(Signature)

Operations Manager
(Title)

Nov. 15, 1982

OIL CONSERVATION COMMISSION

APPROVED DEC 01 1982, 19

BY Original Signed By
Leslie 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 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.