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LAND OFFICE			
TRANSPORTER	OIL	V	
	GAS		
OPERATOR			
PRORATION OFFICE			
Operator		-	

} 	NTAFE		ST FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C	
FIL			AND Effective 1-1-65		
J	.G.S.	AUTHORIZATION TO T	RANSPORT OIL AND NATURAL	CVC	
LAI	ND OFFICE		THE PART OF ALL	GAS	
TR.	ANSPORTER OIL V			RECEIVED	
-	GAS				
	ERATOR				
I. Oper	ORATION OFFICE			<u>nct 28</u> '87	
		/		UGI ZO	
Addr	<u>McClellan Oil Cor</u>	poration V		Ze or h	
		D 33 494 00000		ARTESIA, OFFICE	
Reas	P.O. Drawer 730, on(s) for filing (Check proper by	Roswell, NM 88202		ARIESIA, OFFICE	
New	——————————————————————————————————————		Other (Please explain)		
f	mpletion	Change in Transporter of:			
J	ge in Ownership	Oil Dry	Gas [
Cildin	ge in Ownership	Casinghead Gas Cond	densate		
If cha	nge of ownership give name				
and a	ddress of previous owner				
II DEGG	TO TO THE TOTAL OF				
II. DESC	CRIPTION OF WELL AND				
			Name, Including Formation	Kind of Lease	
Locat	lisue Queen Unit Tr	ract 2 8 Doub	ble L Queen Assoc.	State, Federal or Fee State	
		140			
Un	it Letter F ; Z	L4U Feet From The North L	Ine and 2475 Feet From 1	_{The} West	
.	04				
L11	ne of Section 24 , To	ownship 14S Range	29Е , ммрм,	Chaves County	
II DECL			····		
Name	of Authorized Transporter of Oi	CTER OF OIL AND NATURAL G	AS		
1	de Pipeline Co.	Of Condensate	Address (Give address to which approx		
Name	of Authorized Transporter of Co	Introhead Can TV	P.O. Box 2436, Abilene	e, TX 79604	
4			Address (Give address to which approx	ved copy of this form is to be sent)	
4	llips 66 Natural Ga	······································	410 Home Savings & Loa	an, Bartlesville, OK	
	produces oil or liquids,		whe	74004	
<u> </u>		; F ; 24 ; 14S ; 29E			
II this V. COMP	production is commingled with LETION DATA	ith that from any other lease or pool,	, give commingling order number:		
Į.		Oil Well Gas Well	New Well Workover Deeper		
De	signate Type of Completi	on – (X)	1 Jacques	Plug Back Same Res'v. Diff. Res'v	
	pudded	Date Compl. Beady to Prod.	X Total Depth		
8/2	5/87	9/2/87	'	P.B.T.D.	
Pool	97.97	Name of Producing Formation	2000¹ Top Oil/Gas Pay	1995'	
Doub	ole L Quen Har.	Queen		Tubing Depth	
Perfore	ations	1 Queen	1921'	1900'	
1921	<u>l' - 1930'</u>			Depth Casing Shoe	
	1,500	TURING CASING AN	D. CEVENTING OFFICE	1995'	
	HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD		
	121"	8-5/8"	DEPTH SET	SACKS CEMENT	
	7-7/8"	0-5/8 4±"	3931	200 sx Circ 50 sx	
		42	1995'	Part ID-2	
		23/8	1010	11-6-87	
7. TEST	DATA AND REQUEST F		1900	comp & BIT	
OIL W	ELL	able for this de	ifter recovery of total volume of load oil a epth or be for full 24 hours)	nd must be equal to or exceed top allow	
Date F	irst New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	eto l	
9/10)/87	9/10/87	Pumping	,,	
Length	of Test	Tubing Pressure	Casing Pressure	Choke Size	
24	hours	15	15		
Actual	Prod. During Test	Oil-Bbis.	Water - Bbls.	NA Gas-MCF	
		1	75	TSTM	
				PICI	
GAS W					
Actual	Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
resting	Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
L					
. CERTI	FICATE OF COMPLIANC	CE	OIL CONSERVAT	TON COMMISSION	
			<u> </u>		
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.		APPROVED			
		Original Signed By Mike Williams			
		TITLE Oil & Gas Inspector			
/	Vand Kandal		This form is to be filed in compliance with RULE 1104.		
	(Signa	ture)	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		
Operations Manager			tests taken on the well in accordance with RULE 111.		
	Operacions (Titl		All sections of this form must be filled out completely for allowable on new and recompleted wells.		
	10/23/				
	10/23/ (Dat		Fill out Sections I, II, III, a well name or number, or transporter,	nd VI only for changes of owner, or other such change of condition	

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