

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

RECEIVED

JUL 5 '90

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

dst  
BT  
Op

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator McClellan Oil Corporation	Well API No. 30-005-62786
Address P. O. Drawer 730, Roswell, NM 88202	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> 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 Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

I. DESCRIPTION OF WELL AND LEASE

Lease Name Shell 15 Fed.	Well No. 4	Pool Name, Including Formation Lucky Lake Queen	Kind of Lease State, Federal or Fee	Lease No. NM-54400
Location Unit Letter <u>M</u> : 330 Feet From The FSL Line and 660 Feet From The FWL Line Section 10 Township 15S Range 29E, NMPM, Chaves County				

II. 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	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 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 D	Sec. 15	Twp. 15S	Rge. 29E	Is gas actually connected? No	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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 5/30/90	Date Compl. Ready to Prod. 6/17/90		Total Depth 1871' 1875		P.B.T.D. 1869'			
Elevations (DF, RKB, RT, GR, etc.) 3902 GL	Name of Producing Formation Queen		Top Oil/Gas Pay 1840'		Tubing Depth 1838'			
Perforations 1841-1845					Depth Casing Shoe 1871'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		313'		Circulated			
7 7/8	5 1/2		1871'		100 sx Class C			
	2 3/8		1838'					

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 Tank 6/15/90	Date of Test 6/25/90	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 12	Casing Pressure 13	Choke Size -----
Actual Prod. During Test 57 BBLs	Oil - Bbls. 6	Water - Bbls. 51	Gas- MCF TS.T.M.

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Mitch Lee Prod. Engr.  
Printed Name Mitch Lee Title  
Date 7/2/90 Telephone No. 505-622-3200

OIL CONSERVATION DIVISION

Date Approved SEP 4 1990

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.