

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input checked="" type="checkbox"/>
LAND OFFICE	<input checked="" type="checkbox"/>
TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	<input checked="" type="checkbox"/>

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

AUTHORIZED BY TRANSPORT OIL AND NATURAL GAS

SEP 19 1985

O. C. D.

ARTESIA OFFICE

I.

Operator McClellan Oil Corporation	
Address P.O. Drawer 730, Roswell, NM 88202	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>10-22-85</u> UNLESS AN EXCEPTION FROM THE B. L. M. IS OBTAINED
Recompletion <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input 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 Big Mac Federal	Well No. 1	Pool Name, Including Formation High Lonesome - <u>Penrose</u>	Kind of Lease State, Federal or Fee Federal
Location Unit Letter <u>C</u> ; <u>3300</u> Feet From The <u>East</u> Line and <u>660</u> Feet From The <u>North</u> Line of Section <u>19</u> , Township <u>16S</u> Range <u>29E</u> , NMPM, <u>Eddy</u> 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"/> <u>Texas Trading &amp; Prod. Transp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>6196 Midland Texas 79711</u> <u>P.O. Box 459, 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>C</u>	Sec. <u>19</u>	Twp. <u>16S</u>	Rge. <u>29E</u>	Is gas actually connected? <u>No</u>	When

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 type="checkbox"/>	Workover <input checked="" 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 <u>8-16-85</u>	Date Compl. Ready to Prod. <u>9-9-85</u>		Total Depth <u>2100'</u>		P.B.T.D. <u>1871'</u>			
Pool <u>High Lonesome</u>	Name of Producing Formation <u>Penrose</u>		Top Oil/Gas Pay <u>1683</u>		Tubing Depth <u>1717'</u>			
Perforations <u>1683 - 1699'</u>					Depth Casing Shoe <u>1871'</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <u>6"</u>	CASING & TUBING SIZE <u>4-1/2"</u>		DEPTH SET <u>1871'</u>		SACKS CEMENT <u>190 sx</u>			
	<u>2 3/8</u>		<u>1717</u>		<u>Past ID-2</u> <u>9-27-85</u> <u>Comp + BK</u>			

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 <u>9-9-85</u>	Date of Test <u>9-17-85</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>0</u>	Casing Pressure <u>15</u>	Choke Size <u>None</u>
Actual Prod. During Test	Oil-Bbls. <u>14</u>	Water-Bbls. <u>0</u>	Gas-MCF <u>0</u>

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

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 Ragdale  
(Signature)

Operations Manager  
(Title)

September 17, 1985  
(Date)

OIL CONSERVATION COMMISSION

SEP 26 1985

APPROVED \_\_\_\_\_, 19\_\_\_\_

Original Signed By  
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 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 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.