NO. OF COPIES RECEIVED 15							
DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION					
SANTA FE	REQUEST	FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11				
FILE U.S.G.S.		AND MAR 2	Supersedes Old C-104 and C-11 O. C. Effective 1-1-65				
LAND OFFICE	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
TRANSPORTER OIL			MEGEIVED				
OPERATOR /							
I. PRORATION CIFFICE	-		MARI 1 1737				
Operator Jack L. McCle	llan V		₹ 4 - 20 - 30 - 30 - 30 - 30 - 30 - 30 - 30				
Address	. 1.0.11		ARTESIA				
P. 0. Box 848	Roswell, New Mexico						
Reason(s) for filing (Check proper b		Other (Please explain)	a				
New We!l Recompletion	Change in Transporter of: Oil X Dry G	-From	me Wood corp.				
Change in Ownership	—————————————————————————————————————	ensate EFFECTIVE M					
If change of ownership give name							
and address of previous owner							
II. DESCRIPTION OF WELL AND	D LEASE						
Lease Name Simmons Federal	Well No. Pool Name, Including F 2 West Henshaw		Lease No.				
Location			V/V(U7/)				
Unit Letter K	1 / 0 Feet From The	ne and $23/0$ Feet From	The W				
O).	Cownship 16S Range	29E , NMPM,	Eddy				
Zine of beetion	- Nuige	, MMFM,	County				
II. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	AS Address (Give address to which appro	and convert this form is as he seed				
THE PERMIAN CORPORA		P. O. BOX 3119, MIDI	•				
Name of Authorized Transporter of C		Address (Give address to which appr	oved copy of this form is to be sent)				
Phillips Petrol	Unit Sec. Twp. Rge.		Bartlesville, Okiahoma				
If well produces cil or liquids, give location of tanks,	K 24 16S 29E	Yes	12-22-62				
	with that from any other lease or pool,	give commingling order number:					
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.				
Designate Type of Complet	ion = (X)						
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
Perforations			Depth Casing Shoe				
	TUBING, CASING, AN	D CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
W MEGER DAMA AND DEGUEST	COD ALLOWARIES (T		<u> </u>				
V. TEST DATA AND REQUEST I	able for this de	epth or be for full 24 hours)	and must be equal to or exceed top allow-				
Date First New O:l Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)				
Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
	Loui Bu	W					
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF				
	<u> </u>						
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
		Data Goldonbaldy (MINO)	Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
I. CERTIFICATE OF COMPLIA	NCE	OIL CONSERVA	ATION COMMISSION				
i. CENTRICATE OF COMPETA	102		TION COMMISSION				
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					
		BY	K Cim P				
		TITLE					
00000		This form is to be filed in compliance with RULE 1104.					
OPERATOR Signature) OPERATOR (Signature) (Date)		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 transporten or other such change of condition.					
				14	/	Separate Forms C-104 mus	t be filed for each pool in multiply
						completed wells.	