

| | |
|------------------------|-------|
| NO. OF COPIES RECEIVED | 1 |
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL 1 |
| | GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

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

RECEIVED

MAY 7 1976

(51)

| | | |
|--|---|--|
| Operator McClellan Oil Corporation | | O.C.C. ARTESIA, OFFICE |
| Address Post Office Box 848, Roswell, New Mexico 88201 | | |
| Reasons for filing (Check proper box) | | Other (Please explain) |
| New Well <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"/> | Change in well name and ownership. Well placed in East Henshaw Unit. Old name: Hal Stierwalt So. Union Fed. #4 |
| Recompletion <input type="checkbox"/> | | |
| Change in Ownership <input checked="" type="checkbox"/> | | |
| Original Operator: Bob Dean Ltd. In change of ownership give name and address of previous owner Hal M. Stierwalt, Box 698, Roswell, New Mexico 88201 | | |

| | | | |
|--|---|----------------------------|------------|
| II. DESCRIPTION OF WELL AND LEASE | | Kind of Lease | Lease No. |
| Lease Name TRACT 26 | Well No., Pool Name, including Formation 4 West Henshaw Grayburg | State, Federal or Fee Fed. | NM-06407-A |
| Location Unit Letter: S 2310 Feet From The South Line and 2310 Feet From The West | | | |
| Line of Section 1 Township 16-South Range 30-East, NMPM, Eddy County | | | |

| | | | |
|--|---------------------|--|------|
| III. 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 checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | | Box 159, Artesia, New Mexico 88210 | |
| East Henshaw Unit | | Address (Give address to which approved copy of this form is to be sent) | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | | | |
| Is well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. | Is gas actually connected? | When |
| | K 1 16S 30E | | |

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

| | | | | | | | | | |
|--|-----------------------------|----------------------|----------|-----------|-------------------|--------------|-----------|-------------|--------------|
| IV. COMPLETION DATA | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Designate Type of Completion - (X) | | | | | | | | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | | | P.B.T.D. | | | | |
| Elevations (D.F., R.A.B., RT, GR, etc.,) | Name of Producing Formation | Top Oil/Gas Pay | | | Tubing Depth | | | | |
| Perforations | | | | | Depth Casing Shoe | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|---|-----------------|---|------------|
| 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 | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |

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

| | | | |
|--|--|--|--|
| VI. CERTIFICATE OF COMPLIANCE | | OIL CONSERVATION COMMISSION MAY 13 1976 | |
| 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 _____, 19____ | |
| | | BY <u>W.A. Gressett</u> | |
| | | TITLE <u>SUPERVISOR, DISTRICT II</u> | |
| 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. | | | |
| Separate Forms C-104 must be filed for each pool in multiply completed wells. | | | |
| <u>J. M. C. Coale</u> (Signature) Unit Operator (Title) May 5, 1976 (Date) | | | |