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TRANSPORTER	OIL	
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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

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MAY 7 1976

TH

Operator McClellan Oil Corporation		O.C.C. ARTESIA OFFICE
Address Post Office Box 848, Roswell, New Mexico 88201		
Reason(s) 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 Fed. Taylor #4
Recompletion <input type="checkbox"/>		
Change in Ownership <input checked="" type="checkbox"/>		
Original Operator: Southern Union Production Company If change of ownership give name and address of previous owner: Hal M. Stierwalt, Box 698, Roswell, New Mexico 88201		

Lease Name TRACT 18 East Henshaw Unit		Well No. 4	Pool Name, including Formation West Henshaw Grayburg	Kind of Lease State, Federal or Fee Fed. NM-06407-A	Lease No.
Location Unit Letter: N ; 3300 Feet From The South Line and 1980 Feet From The West Line of Section 1 Township 16-South Range 30-East , NMPM, Eddy County					

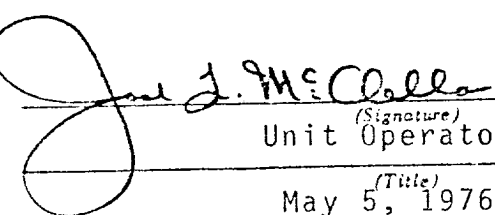
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <del>Navejo Crude Oil Purchasing</del>		Address (Give address to which approved copy of this form is to be sent) <del>Box 159, Artesia, New Mexico 88210</del>			
Name of Authorized Transporter 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 * 1	Sec. 16S	Twp. 30E	Rge.	Is gas actually connected? 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)					
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, 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 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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.	
 Unit Operator May 5, 1976 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED	MAY 13 1976
BY	W.A. Gressett
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 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.	