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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION 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

I. 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 well name and ownership.
Recompletion <input type="checkbox"/>	Well placed in East Henshaw Unit.
Change in Operator <input checked="" type="checkbox"/>	Old name: Hal Stierwalt State "BC" #3
Original Operator: Humble Oil Company	
If 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			
Lease Name TRACT 30 East Henshaw Unit	Well No. 3	Pool Name, including Formation West Henshaw Grayburg	Kind of Lease State, Federal or Fee State
Lease No. E-5131			
Location			
Unit Letter Y	660	Feet From The South	Line and 1980
		Feet From The West	
Line of Section 2	Township 16-South	Range 30-East	NMPM, Eddy 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"/>	Address (Give address to which approved copy of this form is to be sent)		
Arvajo Crude Oil Purchasing	Box 150, Artesia, New Mexico 88210		
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 1-2	Sec. 14-3	Twp. 30E
	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)									
Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.		
Date Spudded		Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (OF, RAB, 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.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION 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 MAY 13 1976	
Unit Operator		BY <u>W. A. Gressett</u> , 19	
May 5, 1976		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.	