

N. M. O. C. C. Corp.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

DATE

Copy to SF

Form approved,
Budget Bureau No. 42 R4124

5. LEASE DESIGNATION AND SERIAL NO.

6 NM-06407 A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

East Henshaw Unit

8. FARM OR LEASE NAME

Tract 11

9. WELL NO.

1-V

10. FIELD AND POOL, OR WILDCAT

West Henshaw Shadburn

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 1 T. 16S. R. 30E

12. COUNTY OR PARISH 13. STATE

Eddy

New Mexico

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ Water Injection Well

2. NAME OF OPERATOR
McClellan Oil Corporation

3. ADDRESS OF OPERATOR
Box 2249, Wichita Falls, Texas 76090

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface

3,320' FNL & 650' FWL

JAN 26 1977

O. C. C.

ARTESIA OFFICE

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, GR, etc.)

3,934' GL

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐
☐
☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐
☐

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Convert to water injection

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

☐
☐
☐
☐
☐

(NOTE: Report results of multiple completion or Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

December 3, 1976 2" tubing and an R-4 tension packer were run in this well and the packer set at a depth of approximately 2,925' which is 50' above the top of the pay zone

December 15, 1976 Water injection was initiated into the subject well at a rate of 100 BWPD

RECEIVED

JAN 24 1977

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

18. I hereby certify that the foregoing is true and correct

SIGNED

Robert J. Ruben

TITLE

Petroleum Engineer

DATE

1/10/77

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

ACTING

NO. OF COPIES REQUIRED	3
DISTRIBUTION	
SANTA FE	7
FILE	1
U.S.D.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	1
PROMOTION OFFICE	

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

SEP 26 1980

O. C. D.
ARTESIA, NM

Stamford Natural Resources Group 1980-1

Address
c/o S & J Operating Company, P.O. Box 2249, Wichita Falls, Texas 76307

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:		Other (Please explain)
Recompletion	☐	Oil	☐	Change of Operator also;
Change in Ownership	☒	Casinghead Gas	☐	Prior Operator: McClellan Oil Corp.
		Dry Gas	☐	
		Condensate	☐	

If change of ownership give name and address of previous owner
McClellan Oil Corporation, P.O. Drawer 730, Roswell, NM 88201

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
East Henshaw Unit-Tract 11	1Y	West Henshaw Grayburg	State, Federal or Fee Fed	NM-06407-A
Location (WIW)				
Unit Letter L	3320	Feet From The N	Line and 650	Feet From The W
Line of Section 1	Township 16S	Range 30E	NMPM, Eddy	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Navajo Refining Company	Box 159, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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	Sec.	Twp.	Rge.	Is gas actually connected?	When

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RNB, 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

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

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Petroleum Engineer (Agent for Stamford NRG)

February 25, 1980

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 06 1981
BY *W. A. Braswell*
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 deviate 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.