

NO. OF COPIES RECEIVED	4
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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

MAR 20 1974

Operator McCLELLAN OIL CORPORATION ✓		O. C. C. ARTESIA, OFFICE	
Address P. O. Box 848, ROSWELL, NEW MEXICO 88201			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	PIPELINE CONNECTION	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of ownership give name and address of previous owner R-5015 5-28-75

II. DESCRIPTION OF WELL AND LEASE		High Nitro Premier Gas	
Lease Name HINKLE FEDERAL	Well No. 1	Pool Name, Including Formation WILDCAT <u>Grayburg</u>	Kind of Lease FEDERAL State, Federal or Fee LC-068677
Location Unit Letter <u>A</u> ; <u>660'</u> Feet From The <u>NORTH</u> Line and <u>860'</u> Feet From The <u>EAST</u> Line of Section <u>9</u> Township <u>16-SOUTH</u> Range <u>29-EAST</u> , NMPM, <u>EDDY</u> County			

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
<u>Chata Cryogenics</u> <u>KENNEDY ENGINEERING COMPANY</u>	<u>Box 6697, ROSWELL, NEW MEXICO 88201</u>		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
			Rge.
			Is gas actually connected? <u>YES</u>
			When <u>8-26-74</u> <u>MARCH 15, 1974</u>

If this production is commingled with that from any other lease or pool, give commingling order number: NO GAS HAS BEEN SOLED.

IV. COMPLETION DATA									
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.	
		XX	XX						
Date Spudded 12/30/72	Date Compl. Ready to Prod. 3/12/73	Total Depth 2450		P.B.T.D. 2436					
Elevations (DF, RKB, RT, GR, etc.) 3703' DF	Name of Producing Formation PREMIER SAND	Top Oil/Gas Pay 2362		Tubing Depth 2300					
Perforations 2 SHOTS PER FOOT FROM 2362-2370'				Depth Casing Shoe 2436					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
10 1/4"	8-5/8"	384'		100 SX (CIRC)					
8"	4-1/2"	2430'		150 SX					

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 SEE ATTACHED COPY OF 4-POINT TEST.			
Actual Prod. Test-MCF/D 2,207	Length of Test 24 HOURS	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pitot, back pr.) FLOWING	Tubing Pressure (Shut-in) 450	Casing Pressure (Shut-in) 700	Choke Size 1 1/4"

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 SEP 6 1974	
<u>Jack L. McClellan</u> (Signature) OPERATOR		BY <u>W. A. Gressett</u>	
MARCH 19, 1974 (Date)		TITLE <u>OIL AND GAS INSPECTOR</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	

OIL CONSERVATION COMMISSION

RECEIVED

P. O. DRAWER DD

AUG 28 1974

ARTESIA, NEW MEXICO 88210

O. C. C.  
ARTESIA, OFFICE

NOTICE OF GAS CONNECTION

Date August 26, 1974

This is to notify the Oil Conservation Commission that connection  
for the purchase of gas from the McClellan Oil Corp.

<u>Federal</u> <del>Hinkle-Eddy County</del> Lease	Operator <u>#1-A</u> <del>Hinkle A</del>	<u>9-16S-29E</u>
	Well & Unit	S.T.R.
<u>Wildcat</u> <u>Graying</u> Pool	<u>Chala Cryogenics</u>	
	Name of Purchaser	

was made on August 26, 1974

Chala Cryogenics

Purchaser

[Signature]  
Representative

Sec'y-Treas. K.B. KENNEDY ENGINEERING CO.  
Title

cc: To operator  
Oil Conservation Commission - Santa Fe