	NO. OF COPIES RECEIVED 4	]								
	DISTRIBUTION SANTA FE		ONSERVATION COMMINION	Form C-104 Supersedes Old C-104 and C-110						
- <b>1</b>	FILE / V	1	AND AND AND AND AND AND AND AND							
	LAND OFFICE	AUTHORIZATION SEP HA								
	TRANSPORTER GAS		C. C.							
1.	OPERATOR  /    PRORATION OFFICE									
	McClellan Oil Corporation V									
	Address Box 848, Roswell, New Mexico									
	eason(s) for filing (Check proper box) Other (Please explain)									
	Recompletion Oil Dry Gas FLARED AFTER FLARED AFTER 306									
l	IS OBTAINED									
	l address of previous owner 3-19-11									
п.	DESCRIPTION OF WELL AND LEASE Lease Name 4 2"									
	Barbara Federal 44 1 Undesignated (Wildcat) State, Federal or Fee Federal NM-1027									
	-	)Feet From TheLin	eet From The <u>north</u> Line and <u>660'</u> Feet From The <u>West</u>							
	Line of Section 10 To	wwnship 16-south Range 29	-east , NMPM, Eddy	County						
п.	DESIGNATION OF TRANSPOR	ESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS								
	Name of Authorized Transporter of Ol Navajo Retain	i Condensate	Address (Give address to which appro Box 159, Artesia							
	Navajo Reserve Name of Authorized Transporter of Co	asinghead Gas X c: Dry Gas	Address (Give address to which appro	ved copy of this form is to be sent)						
		l at this time Unit Sec. Twp. Rge.	Is gas actually connected?	en						
	If well produces oil or liquids, give location of tanks,	D 10 16S 29E	No	30 to 60 days						
	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA									
	Designate Type of Completi	on - (X) Cil Well Gas Well X	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.						
	5/06/76	8/26/76 Name of Producing Formation	2414'	2412'						
	Elevations (DF, RKB, RT, GR, etc.) 3709 GL	Premier sand	2376	2340'						
	Perforations 2376_2386	5; 2398-2402		Depth Casing Shoe						
	2370-2380		D CEMENTING RECORD							
	HOLE SIZE	CASING & TUBING SIZE	<u> DEPTH SET</u> 360 '	SACKS CEMENT						
	<u> </u>	5½"	2414'	100  sx. circ.						
¥.		TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allo able for this depth or be for full 24 hours)								
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ift, etc.)						
	8/26/76	8/27/76 Tubing Pressure	Pumping Casing Pressure	Choke Size						
	Length of Test 24 hours	20 lbs.	50 lbs.	2"						
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF						
	34 bbls.	24	10	<u>35 est</u>						
	GAS WELL	It would be freeh	Bbls, Condensate/MMCF	Gravity of Gond generate						
	Actual Prod. Test-MCF/D	Length of Test		<u>TD 10</u>						
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size						
VI.	CERTIFICATE OF COMPLIAN	NCE	OIL CONSERVATION COMMISSION							
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED SEP 201976 19							
	Commission have been complied above is true and complete to the	with and that the information given he best of my knowledge and belief.	BY U. Aressett							
	$\frown$		TITLE SUPERVISOR, DISTRICT 1							
	( ) 2911CCO	() n	This form is to be filed in compliance with RULE 1104.							
	Isig	alla.	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							
	Operator	743 - X	tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-							
	September 1	<sup>c</sup> itle) 5. <u>1976</u>	able on new and recompleted wells. Fill out only Sections I II. III. and VI for changes of owner,							
		) Date)	well name or number, or transporten or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply							
			completed wells.							

∦el	l name	01	number,	or tran	sporce	10 U	orner	300	TI CIM	inge o	1.5	01141110111
	Separ	ate	Forms	C-104	must	be	filed	for	each	pool	in	multiply
com	pleted	we	118.									