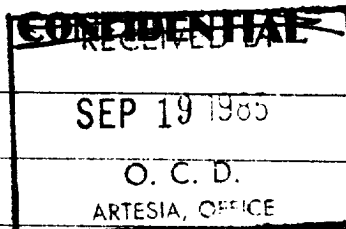


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TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	<input checked="" type="checkbox"/>

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and
Effective 1-1-65



I. Operator
McClellan Oil Corporation
Address
P.O. Drawer 730, Roswell, NM 88202
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
CASINGHEAD GAS MUST NOT BE
FLARED AFTER 10-27-85
UNLESS AN EXCEPTION FROM
THE U. L. M. IS OBTAINED

II. DESCRIPTION OF WELL AND LEASE

Lease Name Renee Federal	Well No. 1	Pool Name, including Formation High Lonesome - Penrose <u>Queen</u>	Kind of Lease State, Federal or Fee Federal
Location Unit Letter <u>M</u> ; <u>330</u> Feet From The <u>West</u> Line and <u>660</u> Feet From The <u>South</u> Line of Section <u>17</u> , Township <u>16S</u> Range <u>29E</u> , NMPM, <u>Eddy</u> Co			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Refining & Transp</u>	Address (Give address to which approved copy of this form is to be sent) <u>6796 Midland, Texas 79711</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Texas Trading & Transp</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 159, Artesia, NM 88202</u>
If well produces oil or liquids, give location of tanks. Unit <u>M</u> Sec. <u>17</u> Twp. <u>16S</u> Rge. <u>29E</u>	Is gas actually connected? <u>No</u> 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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. F. <input type="checkbox"/>
Date Spudded 9-5-85	Date Compl. Ready to Prod. 9-17-85	Total Depth 1850'	P.B.T.D. 1815'					
Pool High Lonesome	Name of Producing Formation Penrose	Top Oil/Gas Pay 1729	Tubing Depth 1749'					
Perforations 1729 - 1750'			Depth Casing Shoe 1815'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	300'	200 SX					
7-7/8"	5-1/2"	1815'	350 SX					
		<u>278</u>	<u>1749</u>					

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 of hole for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 9-16-85	Date of Test 9-17-85	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 55	Casing Pressure 170	Choke Size 18/64"
Actual Prod. During Test	Oil - Bbls. 32	Water - Bbls. 4	Gas - MCF TSTM

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

Renee Federal
(Signature)
Operations Manager
(Title)
September 17, 1985
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 26 1985, 19
BY Original Signed By
Les A. Clement
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 deeper well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of own well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.