

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	<input 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

RECEIVED BY  
NOV 27 1985  
O. C. D.  
ARTESIA, OFFICE

Operator

McClellan Oil Corporation

Address

P.O. Drawer 730, Roswell, NM 88202

Reason(s) for filing (Check proper box)

Change in

☒

Change in Transporter of:

Recompletion

☐

Oil

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

~~Testing Allowable~~~~500 BBLs~~

CASINGHEAD GAS MUST NOT BE

FLARED AFTER 1-5-86

UNLESS AN EXCEPTION FROM  
THE B. L. M. IS OBTAINED

## II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Exxon Federal	1	High Lonesome	State, Federal or Fee Federal
Location	Unit Letter	A	990 Feet From The East Line and 330 Feet From The North
Line of Section	29	Township	16S Range 29E, NMPM, Eddy

## 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)					
Texaco Trading & Transportation, Inc.	P. O. Box 6196, Midland, Tx. 79711-0196					
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	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:

## IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Re
X	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
10-29-85	11-20-85	2000'	1937'					
Well	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
High Lonesome	Penrose	1849	1910'					
Perforations			Depth Casing Shoe					
1849'-1901'			2000'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4	8-5/8"	254'	200 sx - Circ					
7-7/8	5-1/2"	2000'	280 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 all able for this depth or be for full 24 hours)

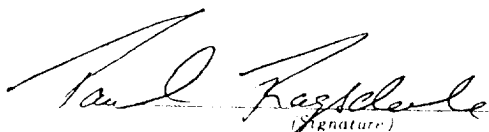
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
11-15-85	11-20-85	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	45	120	32/64
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
11 BBLs	10	1	25

## 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.

  
(Signature)

Operations Manager

(Title)

November 21, 1985

(Date)

## OIL CONSERVATION COMMISSION

APPROVED DEC 5 1985, 19

BY Original Signed By

Les A. Clemens

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 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 Sections I, II, III, and VI only 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 multiple completed wells.