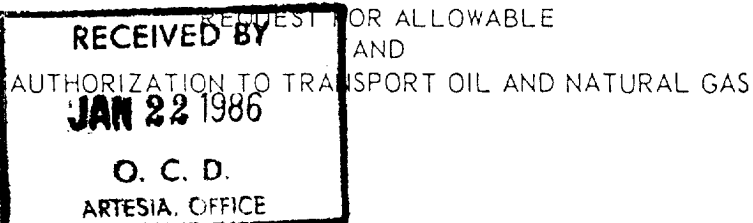


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SANTA FE	<input checked="" type="checkbox"/>
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LAND OFFICE	<input checked="" type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked=""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

NEW MEXICO OIL CONSERVATION COMMISSION

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	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER 3-31-86 UNLESS AN EXCEPTION TO RULE 306 IS OBTAINED 2-750 until further notice
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cal-Mon State	Well No. 1	Pool Name, including Formation High Lonesome, Penrose	Kind of Lease State, Federal or Fee State
Location Unit Letter D ; 990 Feet From The North Line and 421 Feet From The West	Line of Section 19	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"/> Texaco Trading & Transportation	Address (Give address to which approved copy of this form is to be sent) 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 D Sec. 19 Twp. 16S Rge. 29E Is gas actually connected? No 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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Re
Date Spudded 12-19-85	Date Compl. Ready to Prod. 1-8-86	Total Depth 1775'	P.B.T.D. 1775'					
Pool High Lonesome	Name of Producing Formation Penrose	Top Oil/Gas Pay 1625'	Tubing Depth 1640'					
Perforations 1629' - 1643'			Depth Casing Shoe 1775'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8"	DEPTH SET 245'	SACKS CEMENT 250 SX					
7-7/8"	5-1/2"	1775'	350 SX					
	2 3/8	1640						

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 1-9-86	Date of Test 1-16-86	Producing Method (Flow, pump, gas lift, etc.) Pumping
Length of Test 24 hrs	Tubing Pressure 15	Casing Pressure 15
Actual Prod. During Test	Oil-Bbls. 7	Water-Bbls. 1
		Choke Size None
		Gas-MCF 10

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Paul Regidale
(Signature)

Operations Manager
(Title)

January 20, 1986
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 31 1986, 19

BY Original Signed By
Les A. Clements
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.