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GAS	<input type="checkbox"/>
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PRODUCTION OFFICE	<input type="checkbox"/>

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

RECEIVED BY TRANSPORT OIL AND NATURAL GAS
JAN 6 1986
O. C. D.
ARTESIA, OFFICE

Operator
McClellan Oil Corporation
Address
P. O. Drawer 730, Roswell, NM 88202

Reasons for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>2-24-86</u> UNLESS AN EXCEPTION FROM THE B. L. M. IS OBTAINED
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Gas <input type="checkbox"/>	
Casinghead 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

Well Name Renee' Fed.	Well No. 3	Pool Name, including Formation High Lonesome - Penrose	Kind of Lease State, Federal or Fee Fed.
Location Unit Letter <u>E</u> <u>1650</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u> Line of Section <u>20</u> , Township <u>16S</u> Range <u>29E</u> , NMPM, <u>Eddy</u> County			

III. 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)					
Texaco Trading & Transportation	Box 6196, Midland, Tx. 79711					
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 M	Sec. 17	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 <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. Res'v. <input type="checkbox"/>		
Date Spudded 12-4-85	Date Compl. Ready to Prod. 12-18-85	Total Depth 1925'	P.B.T.D. 1920'
Pool High Lonesome	Name of Producing Formation Penrose	Top Oil/Gas Pay 1774'	Tubing Depth 1800'
Perforations 1774-1792			Depth Casing Shoe 1920'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	300'	280 SX
7-7/8"	5-1/2"	1920'	375 SX
	2 3/8	1800	

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)

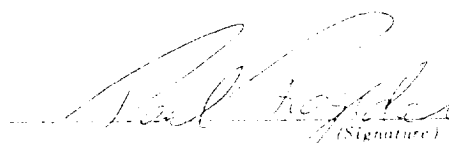
Date First New Oil Run To Tanks 12-18-85	Date of Test 12-28-85	Producing Method (Flow, pump, gas lift, etc.) Pumping	Part ID-2 1-24-86 Comp & AIC
Length of Test 24	Tubing Pressure 40	Casing Pressure 40	Choke Size None
Actual Prod. During Test	Oil - Bbls. 85	Water - Bbls. 5	Gas - MCF 25

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Producing Method (Flow, pump, gas lift, etc.)	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)

1-3-86
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 22 1986, 19

BY Original Signed By

Les A. Clements

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 deviation 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 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.