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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

MAR 13 1986

O. C. D.

ARTESIA, OFFICE

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)

If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
Exxon Federal	2	High Lonesome <i>Queen</i>	State, Federal or Fee Federal
Location			
Unit Letter	D	990 Feet From The North Line and 660 Feet From The West	
Line of Section	28	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	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
	D	28	16S	29E		

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					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
1-30-86	3-2-86	2020'	2020'					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
High Lonesome	Penrose	1878' 1880	1930'					
Perforations			Depth Casing Shoe					
1880-1935			1930'					

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	295'	200 SX
7-7/8"	4-1/2"	2020'	380 SX
	2 3/8	1930	

## 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
2-22-86	3-2-86	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	30	30	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	3	3	
			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.

*Paul Ragsdale*  
(Signature)Operations Manager  
(Title)March 4, 1986  
(Date)

## OIL CONSERVATION COMMISSION

APPROVED **MAR 31 1986**, 19BY **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 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.