

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

ROSWELL, NEW MEXICO

OCT. 24, 1960

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

JACK L. McCLELLAN GULF PREMIER

Well No. 1, in NE 1/4 NE 1/4

(Company or Operator)

A

Sec. 31

T. 17-S

(Lease)

R. 31-E

NMPM,

GRAYBURG JACKSON

Pool

Unit Letter

EDDY COUNTY

County. Date Spudded 12/31/58

Date Drilling Completed 11/18/59

Please indicate location:

Elevation 3669

Total Depth 3599

PBD 3300

Top Oil/Gas Pay 3178

Name of Prod. Form. METEX (GRAYBURG)

PRODUCING INTERVAL -

Perforations 3178-82', 3190-98', 3209-3217

Open Hole 3525-3599

Depth Casing Shoe 3525

Depth Tubing 3130

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 36 bbls. oil, 80 bbls water in 24 hrs, _____ min. Size _____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 20,000 GALS OF WATER & 20,000 LBS SAND

Casing 450 Tubing 60 Date first new oil run to tanks OCT. 3, 1960

Oil Transporter CACTUS PETROLEUM, INC.

Gas Transporter _____

Remarks:

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved: OCT 25 1960, 19.

JACK L. McCLELLAN

(Company or Operator)

By: *Jack L. McClellan*

(Signature)

Title: OPERATOR

Send Communications regarding well to:

Name: JACK L. McCLELLAN

Address: RM. 814, PET. BLDG., ROSWELL, NM

OIL CONSERVATION COMMISSION

By: *M. L. Armstrong*

Title: _____

OIL CONSERVATION COMMISSION		
ARTESIA DISTRICT OFFICE		
Mr. Connel Received	4	
DISTRICT OFFICE		
JAN 10 1931		
REGISTRATION		
STATE RE		
REGISTRATION OFFICE		
STATE LAND OFFICE		
U. S. G. S.		
TRANSFER		
FILE		
BUREAU OF MINES		