Form U-10: Revised 10-1-78

#8, 80 (BP1) 0 0001100 CHEST PRINTITION BANTAFE FILR U.S.O.S. LANG OFFICE DIL THANSPORTER OPPHATON

P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

RECEIVED

REQUEST FOR ALLOWABLE AND

APR 11 1980

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS O.C.D PAGNATION OFFICE ARTESIA, OFFICE McClellan Oil Corporation Addresa P. O. Drawer 730, Roswell, New Mexico 88201
Reoson(s) for Isling (Check proper box) Other (Please explain) ble testing allowable Change In Transporter of: Wc- perfs 5082-90 Hew well Dry Gos Recompletion Condensate Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner.

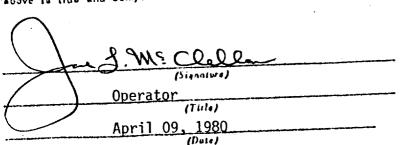
Designate Type of Completion - (X) Date Spudded 2/02/80 Elevations (Df., RKB, RT, GR etc.) Value Gas Well Advantage Advantage Control Well Cas Well Advantage Advantag
Tres Amigos I Wildcat Location Unit Letter Line of Section Q Township 198 Range Range 23E NMPM, Eddy County DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil (X) or Condensate Navajo Crude Oil Purchasing Company Navajo Crude Oil Purchasing Company Name of Authorized Transporter of Casinghead Gas or Dry Gas It well produces oil or liquide, qive location of tanks. I g 198 Page It his production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Data Spudded Data Compl. Fleady to Prod. Total Depth P.B.T.D. Total Spudded 2/02/80 Elevations (Fire RKB, RT, OR, ste., Vage of Producing Formation Top Oil/Gas Pay
Line of Section 9 Township 19S Range 23F , NMPM, Eddy County Line of Section 9 Township 19S Range 23F , NMPM, Eddy County DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil XI or Condensate Box 159, Artesia, New Mexico 88210 Navajo Crude 0il Purchasing Company Box 159, Artesia, New Mexico 88210 Name of Authorized Transporter of Casinghead Gac or Dry Gas Address (Give address to which approved copy of this form is to be sent) If well produces oil or liquids, 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: COMPLETION DATA Designate Type of Completion — (X)
Unit Letter : 1980 Feet From The South Line and 660 Feet From The West Line of Section 9 Township 198 Range 23F , NMPM, Eddy County DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil (X) or Condensate Box 159, Artesia, New Mexico 88210 Navajo Crude Oil Purchasing Company Box 159, Artesia, New Mexico 88210 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When the production of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Designate Type of Completion — (X) X X Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil X) or Condensate Address (Give address to which approved copy of this form is to be sent) Navajo Crude Oil Purchasing Company Neme of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Neme of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) If well produces oil or liquids, 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: COMPLETION DATA Designate Type of Completion — (X) Date Spudded 2/02/80 Date Compl. Fleady to Pred. A/09/80 Top Oil/Gas Pay County County County Range 1
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil (X) or Condensate Address (Give address to which approved copy of this form is to be sent) Navajo Crude Oil Purchasing Company Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) It well produces oil or liquids, qive location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Designate Type of Completion - (X) Date Spudded 2/02/80 A/09/80 Agrees Now Well Workover Deepen Plug Back Same Resty. Diff. Ros. Total Depth P.B.T.D. P.B.T.D. P.B.T.D. P.B.T.D. P.B.T.D. Total Depth P.B.T.D. Total Depth
Navajo Crude Oil Purchasing Company Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Navajo Crude Oil Purchasing Company Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) If well produces oil or liquids, give location of tanks. I 9 19S 23F No If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Designate Type of Completion — (X) Date Spudded 2/02/80 A/09/80 Total Depth P.B.T.D. P.B.T.D. P.B.T.D. P.B.T.D. Pool Completion — (X) Pool Comp
If well produces oil or liquids, qive location of tanks. I 9 198 23F No If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Designate Type of Completion — (X) Date Spudded 2/02/80 Elevations (DF, RKB, RT, GR, etc.) Value Sec. Twp. Rge. Is question actually connected? When I 9 198 23F No Oil Well Gas Well Workover Despen Plug Back Same Res'v. Diff, Res Total Depth 7921 Total Depth Top Oil/Gas Pay Tuesting Depth
Designate Type of Completion - (X) Date Spudded 2/02/80 Elevations (DF, RKB, RT, GR etc.) On Well Gas Well New Well Workover Despen Plug Back Same Restv. Dill Rest X Total Depth 7921 Top Oil/Gas Pay Top Oil/Gas Pay
Designate Type of Completion - (X) X
Date Spudded 2/02/80 A/09/80 Total Depth 7913 7913 Total Depth 7921 Total Depth 793 Total Depth
2/02/80 4/09/80 7921 Top Otl/Gas Pay Tubing Depth Top Otl/Gas Pay
Elevations (Di., RKB, RT, GR, etc.) Name of Producing Formation Top Offices Pay
1 5050
3971 G. L. Wolfcamp Dogth Casing Show
Perforutions FORO FORO
5082-5090 TURNIG, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
17 1/2" 13 3/8" 259' 275 sx
17-1/2 13-3/6 1730' 1700 sx 12-1/2" 8-5/8" 1730' 1003 sy

12-1/2" _1003_sx 7921' 7-7/8" 4-1/2" (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) TEST DATA AND REQUEST FOR ALLOWABLE Producing Method (Flow, pump, for lift, etc.) OIL RELL Date of Took Date First New Oil Run To Tanks Flowing Testing 4/09/80 Choke Size Casing Pressure Tubing Pressure Langth of Test Gga - MCF Wotar - Phla. Oli-Bbis. Actual Prod. During Test <u>Tesing allowable</u> Request 750 bbls.

Gravity of Condensate GAS WELL Bbls. Condensate/MMCF Longth of Test Actual Prod. Tool-MCF/D Coaing Pressure (Shut-in) Choka Size Tubing Proseum (Shut-in) Teeting Method (pitot, back pr.)

1. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.



OIL CONSERVATION DIVISION APR 11 1980

APPROVED

SUPERVISOR, DISTRICT II TITLE .

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviation taken on the well in accordance with MULK 111.

All sections of this form must be filled out completely for alloable on new and recompleted wells.

Fill out only Sections I. II, III, and VI for changes of own well name or number, or transporter, or other such change of conditi

Separate Forms C-104 must be filed for each pool in multi-