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TRANSPORTER	OIL / GAS
OPERATOR	/
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

RECEIVED

AUG 9 1966

Operator JACK L. McCLELLAN		O.C.C. ARTESIA, N.M.
Address P. O. Box 848, ROSWELL, NEW MEXICO 88201		
Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input type="checkbox"/>		Other (Please explain) Change in Transporter of: Oil <input type="checkbox"/> Dry 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

Lease Name JENNINGS FEDERAL	Well No. 1	Pool Name, Including Formation WILDCAT	Kind of Lease State, Federal or Fee FEDERAL
Location Unit Letter D ; 660 Feet From The N Line and 660 Feet From The W. Line of Section 3 , Township 24-S Range 31-E , NMPM, EDDY County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> PERMIAN CORPORATION	Address (Give address to which approved copy of this form is to be sent) Box 3119, MIDLAND, TEXAS					
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. 3	Twp. 24S	Rge. 31E	Is gas actually connected?	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 Res'v.	Diff. Res'v.
Date Spudded MAY 25, 1966	Date Compl. Ready to Prod. AUGUST 5, 1966	Total Depth 4365'	P.B.T.D.					
Pool WILDCAT	Name of Producing Formation DELAWARE SAND	Top Oil/Gas Pay 4360'	Tubing Depth 4330'					
Perforations NONE			Depth Casing Shoe 4349'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-3/4"	3-5/8"		1030'					
8"	5-1/2"		4348'		100 SX			
	2"		4330'					

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)

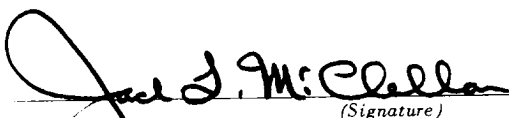
Date First New Oil Run To Tanks AUGUST 5, 1966	Date of Test AUGUST 7, 1966	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HOURS	Tubing Pressure 50	Casing Pressure 100	Choke Size 2" TUBING
Actual Prod. During Test	Oil-Bbls. 48	Water-Bbls. 22	Gas-MCF

GAS WELL

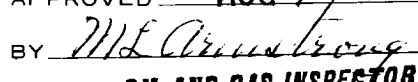
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.


(Signature)
OPERATOR
(Title)
AUGUST 9, 1966
(Date)

OIL CONSERVATION COMMISSION

APPROVED **AUG 9 1966**, 19_____
BY 
TITLE **OIL AND GAS INSPECTOR**

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 multiply