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

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

AUG 2 1971

Operator JACK L. McCLELLAN ✓		O. C. C.
Address ARTESIA, OFFICE		
P.O. Box 848, ROSWELL, NEW MEXICO 88201		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	CASINGHEAD GAS MUST NOT BE FLARED AFTER 10-1-71 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED 24-#243- 8-26-71
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <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 FEDERAL BAR-J Federal	Well No. 1	Pool Name, including Formation WILDCAT Siluro Dev.	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM-015
Location Unit Letter E ; 1980 Feet From The NORTH Line and 660 Feet From The WEST				
Line of Section 15 Township 6-SOUTH Range 27-EAST, NMPM, CHAVES 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"/>	Address (Give address to which approved copy of this form is to be sent)					
PERMIAN CORP.	1509 WEST WALL, MIDLAND, TEXAS 79701					
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 E	Sec. 15	Twp. 6-S	Rge. 27-E	Is gas actually connected? No	When NO NEARBY LINE

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 6/21/71	Date Compl. Ready to Prod. 7/27/71	Total Depth 6480		P.B.T.D. 6472				
Elevations (DF, RKB, RT, GR, etc.) 4109GL 4121 KB	Name of Producing Formation SILURO-DEVONIAN	Top Oil/Gas Pay 6460		Tubing Depth 6430				
Perforations 6460-6468 2 SHOTS PER FOOT					Depth Casing Shoe 6478			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	13 3/8"		29'		2 YARDS			
12 3/4"	8 5/8"		1422		300			
4 1/2" 7 7/8"	7 7/8" 4 1/2"		6479'		300			

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)

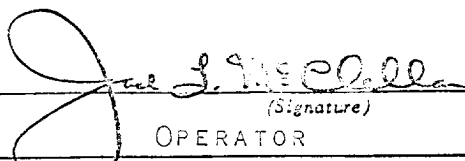
Date First New Oil Run To Tanks 7/27/71	Date of Test 7/28/71	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24 HOURS	Tubing Pressure 100	Casing Pressure 0 (PACKER)	Choke Size 32/64"
Actual Prod. During Test 600 BBLs.	Oil-Bbls. 360	Water-Bbls. 240	Gas-MCF 200

GAS WELL

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


OPERATOR
AUGUST 1, 1971
(Date)

OIL CONSERVATION COMMISSION
AUG 9 1971
APPROVED _____, 19____
BY W. A. Gressett
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 only Sections I, II, III, and VI 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 completed wells.