

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

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	GAS	
OPERATOR		1
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Operator
JACK L. MCCLELLAN ✓

Address
P. O. Box 848 - ROSWELL, NEW MEXICO 88201

Reason(s) for filing (Check proper box)

New Well ☒

Recompletion ☐

Change in Ownership ☐

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 6-1-72 ✓
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name BAR J - FEDERAL	Well No. 2	Pool Name, Including Formation HAYSTACK-SILURO DEVONIAN	Kind of Lease State, Federal or Fe	Lease No. FEDERAL NM 015476
Location				
Unit Letter C	660	Feet From The N	Line and 1980	Feet From The W
Line of Section 15	Township 6S	Range 27E	, 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"/> PERMIAN CORPORATION	Address (Give address to which approved copy of this form is to be sent) Box 1183-HOUSTON, TEXAS 77001					
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. 6S	Rge. 27E	Is gas actually connected? No	When No SALES 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 12-9-71	Date Compl. Ready to Prod. 1-21-72	Total Depth 6520	P.B.T.D. 6517					
Elevations (DF, RKB, RT, GR, etc.) 4100 RKB	Name of Producing Formation SILURO-DEVONIAN	Top Oil/Gas Pay 6501	Tubing Depth 5977					
Perforations 6501-6511 21 HOLES			Depth Casing Shoe 6520					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
18	12 3/4"		30		2 YDS READY-MIX			
11	8 5/8"		1382		300 SKS			
7 7/8	5 1/2"		6520		350 SKS			
	2 7/8"		5977					

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 1-26-72	Date of Test 4-10-72	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24	Tubing Pressure 30	Casing Pressure 30	Choke Size
Actual Prod. During Test 246	Oil-Bbls. 61	Water-Bbls. 195	Gas-MCF 70

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.

[Signature]
(Signature)

PRODUCTION SUPERINTENDENT

(Title)

APRIL 17, 1972

(Date)

OIL CONSERVATION COMMISSION

APPROVED *[Signature]*, 19

BY *[Signature]*

TITLE *[Signature]*

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.