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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
FEB 25 1980

Operator
McClellan Oil Company Corp.

O. C. D.
ARTESIA, OFFICE

Address
P. O. Drawer 730, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: Oil Dry Gas
 Recombination Casinghead Gas Condensate
 Change in Ownership

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE R-7193 1/26/83

Lease Name <u>"MM" Federal</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Penack 5 Pieces Slope Undesignated Abo Abo Gas</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM-05599</u>
Location Unit Letter <u>K</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>31</u> Township <u>9-S</u> Range <u>26-E</u> , NMPM, <u>Chaves</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Transwestern Pipeline Company</u>	<u>Box 2521, Houston, Texas 77001</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>Yes</u> When <u>2-27-80</u>

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded <u>8/22/79</u>	Date Compl. Ready to Prod. <u>9/19/79 & 12/05/79</u>	Total Depth <u>4730</u>	P.U.T.D. <u>4687</u>					
Elevation (DF, RKB, RT, GR, etc.) <u>3690.6 G. L. 3698 D. F.</u>	Name of Producing Formation <u>Abo</u>	Top Oil/Gas Pay <u>4174</u>	Tubing Depth <u>4141'</u>					
Perforations <u>4174-78; 4196-4202; 4436-42; 4464-68</u>			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
18"	12-3/4"	42'	3 yards ready-mix
12"	8-5/8"	808'	350 sx-3 yards ready-m
7-7/8"	4-1/2"	4728'	200 sx

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 oil abt. for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Water - Bbls.	Gas - MCF
Actual Prod. During Test	Oil - Bbls.		

Posted
ID 3
3-7-80
add TWP

GAS WELL

Actual Prod. Test - MCF/D <u>1875</u>	Length of Test <u>4 hours</u>	Bbls. Condensate/MMCF <u>0</u>	Gravity of Condensate <u>NA</u>
Testing Method (pistol, back pr.) <u>4-point</u>	Tubing Pressure (shut-in) <u>1050</u>	Casing Pressure (shut-in) <u>400 lbs.</u>	Choke Size <u>Various</u>

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.

J. M. McClellan
(Signature)
Operator
(Title)
February 22, 1980
(Date)

OIL CONSERVATION DIVISION
MAR 6 1980

APPROVED _____, 19____
BY W. A. Grissett
TITLE SUPERVISOR, DISTRICT II

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 data tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multicompleted wells.