	NO. OF COPIES RECEIVED	· · · · · · · · · · · · · · · · · · ·	. =	*,		
-	DISTRIBUTION	NEW MEXICO OIL CO		Form C-104 Supersedes Old C-104 and C-110		
-	SANTA FE	REQUEST F	OR ALLOWABLE	RECEIVED Effective 1-1-65		
-	FILE		AND			
-	U.S.G.S.	AUTHORIZATION TO TRAI				
-	LAND OFFICE	•	M	AR 1 6 1982		
	TRANSPORTER OIL		***			
-	GAS			O. C. D.		
- }	OPERATOR 1	•		RTESIA, OFFICE		
1.	PRORATION OFFICE Degrator					
- 1	McClellan Oil Corpora	ation /				
ŀ	Address	icron /				
	P. O. Drawer 730, Ros	well. New Mexico 8820	2			
ŀ	Reason(s) for filing (Check proper box)	Well, new hexteo cozo		in)		
1	New We!1	Change in Transporter of:	Change &	lease name from aw Federal		
	Recompletion	OII Dry Gas	: Degate De	aw Federal		
	Change in Ownership	Casinghead Gas Conden	sate			
١						
	If change of ownership give name					
	and address of previous owner					
31	DESCRIPTION OF WELL AND L	EASE				
	Lease Name	Well No. Pool Name, Including		of Lease No.		
	Coyote Federal	3 Wildet Abo	State	Federal or Fee Federal NM-16069		
	Location					
	Unit Letter / D ; 990	Feet From The West Lin	e and <u>660</u> Fe	et From The North		
	Omt Letter,	<del></del>	·			
	Line of Section 7 Town	aship 8-S Range 25	5-E , NMPM <b>,</b>	Chaves County		
III.	della formita to be conti					
	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cil	or Condensate	Address (Give address to wh	ch approved copy of this form is to be sent)		
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent)					
	Transwestern Pipelin		P. O. Box 2521, I	Houston, Texas 77001		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When 4-19-82		
	give location of tanks.		to yes	-4/01/82		
	If this production is commingled with	n that from any other lease or pool,	give commingling order num	ber:		
IV.	COMPLETION DATA	Oil Well Gas Well		eepen Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completio		X			
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Date Spudded		4000'	3933'		
	1/03/82	3/08/82 Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)		3408'	3537'		
	3641' G.L.	Abo	<u> </u>	Depth Casing Shoe		
	Perforations			3933'		
	3557-3589'	TURING CASING AN	D CEMENTING RECORD			
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	17-1/2"	13-3/8"	460'	550 sx		
		8-5/8"	1194'	1300 sx		
	12-1/4"	4-1/2"	3933'	300 sx		
	7-7/8"	2-3/8"	3537'			
		DD ALLOWARIE (Tank to	ofter recovery of total volume of	f load oil and must be equal to or exceed top allou		
V	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top a able for this depth or be for full 24 hours)					
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pu	mp, gas lift, etc.)		
				D', M		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
				Nep 3 16		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF		
				Choke Size  Gas-MCF  Application 3 Market		
	t	<u></u>				
	GAS WELL			To-the discount of the second		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D	4 hours	_	1		
		* · · · · · · · · · · · · · · · · · · ·	Casing Pressure (Shut-in	) Choke Size		
	Actual Prod. Test-MCF/D  500 Testing Method (pitot, back pr.)	4 hours	Casing Pressure (Shut-in	) Choke Size Variable		
***	Actual Prod. Test-MCF/D	4 hours Tubing Pressure (shut-in) 1000	Casing Pressure (Shut-in	) Choke Size		

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.

V(Signature)

(Date)

Operations Manager (Title)

3/10/82

APPROVED

SUPERVISOR, DISTRICT IL TITLE \_

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.

## APR 22 1982

## NEW MEXICO OIL CONSERVATION DIVISION

P. O. DRAWER "DD"

O. C. D. ARTESIA, OFFICE

ARTESIA, NEW MEXICO 88210

NOTICE OF GAS CONNECTION		DATEApril 20, 1982
This is to notify the O		ivision that connection for the
		Operator
Coyote¹Federal Lease		Well #3 - Unit Letter <del>Unknown</del> Well Unit
7-8S-25E, Chaves County S.T.R.	<u> </u>	Pecos Llope Hildest (Abo) Pool
Transwestern Name of purchaser	was made on	April 19, 1982
	<del></del>	Transwestern Pipeline Company Company
	-y	Marklen H. N. Aicklen Representative
	Superviso	r Gas Purchase Contract Administration Title

cc: Operator

Oil Conservation Division - Santa Fe