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

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

MAY 11 1982

O. C. D.
ARTESIA, OFFICE

Operator McClellan Oil Corporation	
Address P.O. Drawer 730, Roswell, NM 88202	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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

DESCRIPTION OF WELL AND LEASE

Lease Name Luke Com. Federal <i>Com</i>	Well No. 1	Pool Name, Including Formation <i>S. Pecos - Abo</i> Penjack - Abo	Kind of Lease State, Federal or Fee Federal	Lease No. NM-15290
Location				
Unit Letter <i>F</i> ; 2180 Feet From The <i>North</i> Line and 1800 Feet From The <i>West</i>				
Line of Section 24 Township 10S Range 25E , NMPM, Chaves 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)	
Transwestern Pipeline Company	Box 2521, Houston TX, 77001	
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge.
		Is gas actually connected? <i>No</i> <i>yes</i> When <i>7-1-82</i> <i>9-2-82</i>

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 3-19-82	Date Compl. Ready to Prod. 5-7-82		Total Depth 4632'		P.B.T.D. 4560'			
Elevations (DF, RKB, RT, GR, etc.) 3768 G.L.	Name of Producing Formation Abo		Top Oil/Gas Pay 4244'		Tubing Depth 4201'			
Perforations 4244-4274					Depth Casing Shoe 4601			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/2"	8-5/8"	920	665
7-7/8"	4-1/2"	4601	375

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

GAS WELL

Actual Prod. Test-MCF/D 1400	Length of Test 4 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) back pressure	Tubing Pressure (Shut-in) 1000	Casing Pressure (Shut-in) 1000	Choke Size Variable

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.

Paul Raydon
(Signature)
Operations Manager
(Title)
5-10-82
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 21 1987, 19____
BY _____ Original Signed By:
Let. P. C. D. D.
TITLE _____ Supervisor District _____

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