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TRANSPORTER GAS	✓	
OPERATOR	✓	
PRORATION OFFICE		

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-11
Effective 1-1-65

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SEP 27 1982
O. C. D.
ARTESIA, OFFICE

I.

Operator
McClellan Oil Corporation ✓

Address
P.O. Drawer 730, Roswell, New Mexico, 88202

Reason(s) for filing (Check proper box)
New Well [X]
Recompletion [ ]
Change in Ownership [ ]
Change in Transporter of: Designate
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [X]

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE — PI-7193 1/26/83

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Tolmac State	2	~~Undesignated~~ S. Pecos Slope - Rbo Gas ~~Penjack Abo~~	State, Federal or Fee State	L-2464

Location
Unit Letter N : 990 Feet From The South Line and 1980 Feet From The West

Line of Section 36 Township 9-S Range 25-E , NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing Company	P.O. Drawer 159, Artesia, New Mexico, 88210
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 Pipeline Co.	P.O. Box 2521 Houston Tx 7700

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	36	9	25	Yes	9 8-11-82

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6-12-82	6-22-82	4510'	4413'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3657' GR	Abo	3984'	4110'
Perforations			**Depth Casing Shoe**
4202,04,06,33,40,42,44,88,4316,18,22,24,46,48,3984,86,88,90			4474'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-¼"	8-5/8"	1098'	600 SX
7-7/8"	4-½"	4474'	350 SX
	2-3/8"	4110'	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
8-11-82	8-11-82	Flowing	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hours	520	620	9/64
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
1.5 B.P.D.	1	½	1,300 MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
5,200	4 hours		
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Back Pressure	1000	1000	Variable

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.

Paul Ragsdale
(Signature)
Operations Manager
(Title)
September 24, 1982
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 28 1982, 19

BY Mike Williams

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.