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LAND OFFICE	
TRANSPORTER	OIL 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-110
Effective 1-1-65

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DEC 1 1982

Operator McClellan Oil Corporation ✓		O. C. D. ARTESIA, OFFICE
Address P.O. Drawer 730, Roswell, New Mexico 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

I. DESCRIPTION OF WELL AND LEASE		Lease No.
Lease Name Santa Fe Fee	Well No. 1	Pool Name, Including Formation S. Pecos Slope Abo Gas Abo, Undesignated
Kind of Lease State, Federal or Fee		Fee
Location Unit Letter I ; 1980 Feet From The South Line and 660 Feet From The East		
Line of Section 8 Township 9-S Range 25-E , NMPM, Chaves County		

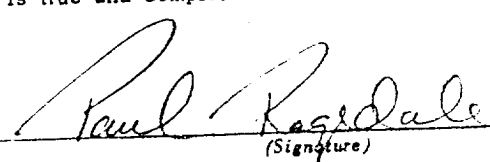
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Transwestern Pipeline	P.O. Box 2521, Houston, TX 77001		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. Rge.
			Is gas actually connected? When
			no yes 1-1-83 8-12-87

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

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)			X	X					
Date Spudded 10-16-82	Date Compl. Ready to Prod. 11-10-82	Total Depth 4250'		P.B.T.D. 4166'					
Elevations (DF, RKB, RT, GR, etc.) 3651' G.L.	Name of Producing Formation Abo	Top Oil/Gas Pay 4028'		Tubing Depth 3958'					
Perforations 4028,30,32,34,36,38 2 BS/ft.				Depth Casing Shoe 4217'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"		8-5/8" 24#		890'		550 SX			
7-7/8"		4-1/2" 10.5#		4217'		380 SX			
		2 3/8		3958					

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	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		Bbls. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test-MCF/D 2400	Length of Test 4 hours	NA		NA	
Testing Method (pitot, back pr.) back pressure	Tubing Pressure (Shut-in) 1000	Casing Pressure (Shut-in) 1000		Choke Size 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.	
 (Signature)	
Operations Manager (Title)	
November 29, 1982 (Date)	

OIL CONSERVATION COMMISSION	
SEP 21 1987	
APPROVED	BY
	Original Signed By Les A. Clements
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 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.	