

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

JAN 31 '89

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

O. C. D.

| | |
|--|--------------------------------------|
| Operator McClellan Oil Corporation | Well ARTESIA, OFFICE 30-005-62640 |
| Address P.O. Drawer 730, Roswell, NM 88202 | |
| Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Amended Report Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |
| If change of operator give name and address of previous operator | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|---|--|-----------------------|
| Lease Name Jill Fed. | Well No. 1 | Pool Name, Including Formation Pecos Slope Abo | Kind of Lease State, Federal or Fee | Lease No. NM-35158 |
| Location Unit Letter K : 1920 Feet From The south Line and 1650 Feet From The west Line Section 24 Township 9s Range 25E, NMPM, Chaves County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|--|------|------|------|----------------------------|----------|
| Name of Authorized Transporter of Oil or Condensate | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Transwestern Pipeline Co. | P.O. Box 1188, Houston, TX 77251-1188 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When? |
| | | | | | yes | 12/24/88 |

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 Res'v | Diff Res'v |
| | | (X) | (X) | | | | | |
| Date Spudded 11-21-88 | Date Compl. Ready to Prod. 1/11/89 | | Total Depth 4440 | | P.B.T.D. 4400 | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3633' G.L. | Name of Producing Formation Abo | | Top Oil/Gas Pay 4158 | | Tubing Depth 4200 | | | |
| Perforations 4158-4265 | | | | | Depth Casing Shoe 4400 | | | |

TUBING, CASING AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|------------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 16" | 14" | 41 | 5 yds Post ID-2 |
| 12 1/4" | 8 5/8" | 880 | 500 sx 2-3-89 |
| 7 7/8" | 4 1/2" | 4400 | 220 sx comp & BK |
| | 2 3/8 | 4200 | |

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 Tank | 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. | MCF |

GAS WELL

| | | | |
|---|----------------------------------|----------------------------------|-----------------------|
| Actual Prod. Test - MCF/D 12-24-88 | Length of Test 4 hrs | Bbls. Condensate/MMCF 3000 | Gravity of Condensate |
| Testing Method (pilot, back pr.) back pressure | Tubing Pressure (Shut-in) 557 | Casing Pressure (Shut-in) 660 | Choke Size 3/4 |

VI. OPERATOR 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.

Signature
Paul Ragsdale
Printed Name
01/13/89
Date
Operations Manager
(505) 622-3200
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 1 1989

By Original Signed By
Mike Williams

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

OIL CONSERVATION DIVISION RECEIVED

Hobbs
P.O. Box 1980
Hobbs, NM 88240

Artesia
P.O. Drawer DD
Artesia, NM 88210

JAN 27 '89

Artec
1000 Rio Brazos
Aztec, NM 87410

O.C.D.
ARTESIA OFFICE

NOTICE OF GAS WELL - CONNECTION / RECONNECTION / DISCONNECTION

This is to notify the Oil Conservation Division of the following:

Connection X First Delivery 1-11-89 .7 MMCF/D
Date Initial Potential

Reconnection First Delivery
Date Initial Potential

Disconnection

for delivery of gas from the McClendon Oil Corp. ✓
OperatorJill Federal
Lease

1557-1 #1 K 24-95-25E
Meter Code Site Code Well No. Unit Letter S-T-R

J. McElroy
Poolwas made on 1-11-89
date

AOF

Choke

TRANSWESTERN PIPELINE CORP.

Transporter

PATRICIA CREIGHTON
CONTRACT ADMINISTRATORRepresentative Name/Title
(Please type or print)Patricia Creighton

Representative Signature

OCD use only

County ChavezLand Type 2ELLiq. Transporter

Submit in duplicate to the appropriate district office.