OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM & CO 9'89 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM & CO 9'89 DISTRICT III 1000 Ris Braz	at Bottom of Page
P.O. Drawer DD, Artesia, NM 8005 U9 '89 F.O. BOX 2008 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd, Aztec, NM 8700 C. DECUEST FOR ALLOWABLE AND AUTHORIZATION I. MCClellan 0il Corporation McCheck proper box New Well Change in Transporter of: Recompletion Oil Dry Gas If change of operator give name and address of previous operator ILeeman Federal Solutions operator Pool Name, Including Formation Kind of Lease State, federal pr Fee	
1000 Rio Brazos Rd., Aztec, NM 8700 C. TO FRANSPORT ALLOWABLE AND AUTHORIZATION I. TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. McClellan Oil Corporation 30-005-62673. Address P.O. Drawer 730 Roswell, NM 88202 Reason(s) for Filing (Check proper box) Other (Please explain) Other (Please explain) New Well Change in Transporter of: Other (Please explain) Recompletion Oil Dry Gas Image: Condensate If change of operator give name and address of previous operator Condensate Image: State, Federal II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Leeman Federal 5 Precos Slope Abo State, Federal pr Fee	
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Leeman Federal 5 9, Pecos Slope Abo State, federalor Fee	Lease No.
	NM-13978
Unit Letter K : 1525 Feet From The SouthLine and 1915 Feet From The W	lestLine
Section 1 Township 9S Range 25E , NMPM, Chaves	County
Section 1 Township 9S Range 25E , NMPM, Chaves	
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	
Navajo Refinery Name of Authonized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is	
Transwestern Pipeline P.O. Box 1188, Houston, TX 77	
If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When ?	
give location of tanks. K 1 98 25E yes 8/3/89	<u>, </u>
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	ic Res'v Diff Res'v
Designate Type of Completion - (X) X X	<u>l</u>
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.	220
5/10/897/25/8944204Elevations (DF, RKB, RT, GR, etc.)Name of Producing FormationTop Oil/Gas PayTubing Depth	+339
	150
Abo 3884 711 Depth Casing Sho	oc 339
3911-4234 TUBING, CASING AND CEMENTING RECORD	
	KS CEMENT
12 1/4" 8 5/8" 656 450 s	3x + 200 SX
<u> </u>	x Port ID-2
2 3/8 4150	12-15-89 compt BK
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 fu	ul.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. Gas- MCF	
GAS WELL Length of Test Bbls. Coudensate/MMCF Gravity of Condensate/MMCF	ensale
1000 4 hrs	
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size	
	r}
back pr 1000 1000 3/4"	
VI. OPERATOR CERTIFICATE OF COMPLIANCE	NOUN
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	
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. Date Approved DEC 1 1 19	
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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.

All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.