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Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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State of New Mexico  
Energy, Minerals and Natural Resources Department

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

AUG 02 '89 OIL CONSERVATION DIVISION

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87401

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator McClellan Oil Corporation	Well API No. X
Address P.O. Drawer 730 Roswell, NM 88202	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> 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 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 MM Fed Comm	Well No. 10	Pool Name, Including Formation S. Pecos Slope Abo	Kind of Lease State, Federal or Fee	Lease No. 0559993
Location Unit Letter A : 330 Feet From The North Line and 330 Feet From The East Line Section 35 Township 9S Range 25E, NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Navajo Refinery	or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159, Artesia, NM 88211-0159
Name of Authorized Transporter of Casinghead Gas Transwestern Pipeline	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188 Houston, TX 77251-1188
If well produces oil or liquids, give location of tanks.	Unit A Sec. 35 Twp. 9S Rge. 25E	Is gas actually connected? When? 10-5-89

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 X	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 4-24-89	Date Compl. Ready to Prod. 7-25-89	Total Depth 4350	P.B.T.D. 4340					
Elevations (DF, RKB, RT, GR, etc.) 3594 G. L.	Name of Producing Formation Abo	Top Oil/Gas Pay 3844 3987	Tubing Depth 4030					
Perforations 3987-4201	Depth Casing Shoe 4340		TUBING, CASING AND CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	889	450sx					
7 7/8"	4 1/2"	4340	325 sx					
2 3/8"		4030						

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.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 1821	Length of Test 4 hrs.	Bbls. Condensate/MMCF -0-	Gravity of Condensate -0-
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 950	Casing Pressure (Shut-in) 950	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 Paul Ragsdale Operation's Manager  
Date July 31, 1989 Title 505-622-3200  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 13 1989

By ORIGINAL SIGNED BY  
Title ASST. DIR., DISTRICT II

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.