	NO. OF COPIES RECEIVED]		
			NEW MEXICO OIL CONSERVATION COMMISSION Form C-1 REQUEST FOR ALLOWABLE Supersed	
	DISTRIBUTION	NEW MEXICO OIL		
	SANTA FE			
	FILE	/	AND	Supersedes Old C-104 and C- Effective 1-1-65
	U.S.G.S.	AUTHODIZATION TO T		
	LAND OFFICE	AUTHORIZATION TO T	RANSPORT OIL AND NATURAL	GAS
				DECENTA
	IRANSPORTER OIL			RECEIVED
	GAS			
	OPERATOR V			
I.	PRORATION OFFICE	,		SEP 13 '88
	Operator			
	McClellan Oil Corporation √			
	Address	or poractor v		Ø), (C, Ø).
	ARTESIA, OPTICE			
	P.O. Drawer 730, Roswell, N.M. 88202			
	Reason(s) for filing (Check proper bo	x)	Other (Please explain)	
	New Well	Change in Transporter of:		
	Recompletion	Oil Dry	Gas	
	Change in Ownership	Casinghead Gas Com	densate	
			Activate []	
	If change of ownership give name			
	and address of previous owner			
II	DESCRIPTION OF WELL AND	TEACE		
**	Lease Name		Name, Including Formation	
	Shell 15 Fed.		icky Lake Queen	Kind of Lease
			ery made queen	State, Federal or Fee Fed.
	Location			
	Unit Letter 1 660) Feet From The FNL	_ine and1650 Feet From	FWL .
			reet From	ine
	Line of Section 15 , To	ownship 15S Range	29E NMPM.	Chaves
	1	manufe 100 manufe	ZJE , NMPM,	County County
***	DECICNATION OF TRANSPOR	MIND OF OUR ALIES STARWING		
111.	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)			
The second of th				
	Pride Pipeline Comp		P.O. Box 2436, Abilene, TX 79604	
	Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be se			oved copy of this form is to be sent)
	· ·			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? W	hen
	give location of tanks. D 15 15S 29E No			
ļ				
	If this production is commingled with that from any other lease or pool, give commingling order number:			
IV.	COMPLETION DATA			
	Dagimata Tura of Combat	Oll Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty
	Designate Type of Completi	on $-(X)$	X	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	7-7-88	8-26-88 9-12-8 8	1863	1
	Pool			1861'
		Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Lucky Lake Queen	Queen	1840 1811	1837'
	Pertorations			Depth Casing Shoe
	1841' - 1844'			
		THRING CASING AT	ND CEMENTING RECORD	
İ	HOLE \$175			
-	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	12	8 5 /8	276	160 sx.
	8	5 1/2	1861	100 sx.
		2 3/8	1837	
l				Port ID-2 9-16-88
47	TEST DATA AND DECLISE EOD ALLOWARY DATE			
	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 fixed to able for this depth or be for full 24 hours)			and must be equal to or exceed top allow
ſ				
ļ			Producing Method (Flow, pump, gas 1	ijt, etc.)
	8-26-88 8-27-88		Pump	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
- 1	24 Hr.	12#	15#	
1	Actual Prod. During Test	OII-Bbls.	Water-Bbls.	Gas - MCF
	99 BBLS	32	67	T.S.T.M.
1,				1.0.1.11.
,-	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1				
t	resting Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choka Pine
- 1		1		Choke Size

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.

(Date)

OIL CONSERVATION COMMISSION

SEP 1 4 1988 APPROVED_ Original Signed By Mike Williams TITLE _

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 Sections I, II, III, and VI only 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 walls