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## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104  
Supersedes Old C-104 and C-  
Effective 1-1-65

RECEIVED BY  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
SEP 26 1985  
O. C. D.  
ARTESIA, OFFICE

I.

Operator

McClellan Oil Corporation ✓

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 11-2-85If change of ownership give name  
and address of previous ownerUNLESS AN EXCEPTION FROM  
THE B. L. M. IS OBTAINED

## II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
Renee Federal	2	High Lonesome Penrose	State, Federal or Fee Federal
Location			
Unit Letter	D	330 Feet From The	West Line and 330 Feet From The North
Line of Section	20	Township 16S	Range 29E, NMPM, Eddy County

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Texaco Trading & Transportation, Inc.	P. O. Box 6196, Midland, Tx. 79711-0196					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	M	17	16	29	No	-

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 Rest'v.	Diff. Res
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
9-12-85	9-25-85		1850'		1840'			
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
High Lonesome	Penrose		1758 1760		1779			
Perforations					Depth Casing Shoe			
1760'-1783'					1840			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		300		250 sx			
7-7/8"	5-1/2"		1840		350 sx			
	2 3/8		1779					

## 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.)	
9-25-85	9-25-85	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	15	15	None
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	3080	5	-

Post ID-2  
10-4-85  
Compt BK

## GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

Operations Manager  
(Title)September 25, 1985  
(Date)

## OIL CONSERVATION COMMISSION

APPROVED SEP 30 1985, 19  
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 deeper 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 all wells 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 conditions.

Separate Forms C-104 must be filed for each pool in multi-completed wells.