

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND 10385 OFFICE O. C. C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
JAN 26 11 33 AM '67

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator JACK L. MCCLELLAN	
Address P. O. Box 848, ROSWELL, NEW MEXICO 88201	
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"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____

Lease Name SUZANNE STATE		Well No. 1	Pool Name, Including Formation MESCALERO SAN ANDRES	Kind of Lease STATE
Location 1 660		EASE 2310		SOUTH
Unit Letter 27	Fees From The 10-S	Line and 32-E	Fees From The LEA	County

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> MCWOOD CORPORATION		Address (Give address to which approved copy of this form is to be sent) 2005 WILCO BUILDING, MIDLAND, TEXAS	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> XX		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 1	Sec 27	Twp 10
		Range 32	Is gas actually connected? NO

If this production is commingled with that from any other lease or pool, give commingling order number: _____

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12/30/66	Date Comp. Ready to Prod. 1/18/67	Total Depth 4260		P.B.T.D. 4226					
Pool MESCALERO SAN ANDRES	Name of Producing Formation SLAUGHTER	Top Oil/Gas Pay 4037		Tubing Depth 4112					
Perforations 1 SHOT PER FOOT 4057, 4062 1/2, 4074, 4081, 4093, 4106, 4111		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE 12 6-7/8"	CASING & TUBING SIZE 3 3/8 5-1/2	DEPTH 385 4257		100% CEMENT 200					

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 1/18/67	Date of Test 1/18/67	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 HOURS	Tubing Pressure 50#	Casing Pressure 150#	Choke Size 2"
Actual Prod. During Test 120 BARRELS FLUID	Oil - Bbls. 100	Water - Bbls. 20	Gas - MCF 1STM

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		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19	
BY _____		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 wells.			

JACK L. MCCLELLAN
(Signature)
OPERATOR
JANUARY 25, 1967
(Date)