

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned. This form shall be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Roswell, New Mexico

October 18, 1963

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Jack L. McClellan

McClellan (Federal)

Well No. 1 in NE 1/4, NE 1/4,

U.S. Letter

Sec. 28

T. 7-S

R. 35-E

NMPM.

Wildcat

Pool

Roosevelt

Please indicate location:

County. Date Spudded. 6/30/63

Date Drilling Completed

Elevation 4242

5/21/63

Total Depth

PBTD

8/10/63

Top Oil/Gas Pay 4202

Name of Prod. Form.

San Andres

PRODUCING INTERVAL -

Perforations

Open Hole 1 shot/ ft. 4202, 406, 08, 41, 48, 55, 62, 68, 73 & 4276

Casing Shoe

4355

Tubing

4138 (PER.)

OIL WELL TEST -

Natural Prod. Test: bbls. oil, bbls. water in hrs, min. Size

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): bbls. oil, bbls. water in hrs, min. Size

GAS WELL TEST -

After free Test: MCF/Day; Hours flowed Choke Size 24/64

Tubing, Casing and Cementing Record

Size

Feet

Sax

8 5/8"	271	75
5 1/2"	4355	170

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: Separator MCF/Day; Hours flowed

Choke Size Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand):

Casing 2000 gal. acid 845 30 sand 45,000 lbs. sand

Press. oil run to tanks

October 18, 1963

Oil Transporter

Gas Transporter

Nearburg and Ingram

Remarks:

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved: , 19

Jack L. McClellan (Company or Operator)

By: Jack L. McClellan

(Signature)

Title

Operator

Name

Jack L. McClellan

Address

OIL CONSERVATION COMMISSION

By:

Title