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U.S.G.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

AUG 11 11 41 AM '65

I. **Jack L. McClellan**
Address
P. O. Box 848, Roswell, New Mexico
Reasons for filing (Check proper box)
New Well ☒ Change in Transporter of:
Dry Gas ☐ Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name **Federal 22** Well No. **1** Pool Name, including Formation **Todd San Andres** Kind of Lease **Federal**
Location
Unit **N** **990** Feet From The **South** Line and **1650** Feet From The **West**
Range **22** Township **7-South** Range **35-East** N.M.P.M. **Roosevelt** County

III. 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)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)
Capitan, Inc. **Box 6598, Dallas, Texas 75219**
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When
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 Resrv.	Diff. Resrv.
XX								
Date of Well	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.					
June 14, 1965	July 7, 1965	4336	4302					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Todd San Andres	San Andres	4100	4040					
Perforations			Depth Casing Shoe					
1 sht./ft. 4100, 4108, 4181, 4202, 4208, 4212, 4216, 4220, 4234 & 4244			4336					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
9-3/4	8-5/8	253'	150					
7-7/8	4-1/2	4336'	250					
	2	4040	Packer					

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.)
Depth of Test Tubing Pressure Casing Pressure Choke Size
Actual Flow During Test Oil-Bbls. Water-Bbls. Gas-MCF

GAS WELL
Actual Flow Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
580 MCF/GPD **72 hours**
Testing Method (pilot, back pr.) Tubing Pressure Casing Pressure Choke Size
Back Pressure **374** **257** **16/64**

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.
APPROVED _____, 19
BY _____

Jack L. McClellan
(Signature)
Operator
(Title)
August 10, 1965
(Date)

OIL CONSERVATION COMMISSION
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.