

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

(Form C-104)  
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well  
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same 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.

Well No. 1, in SW 1/4, SE 1/4, April 20, 1964

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

Jack L. McClellan, Sec. 28, T. 7-South, R. 35-East, NMPM., Todd San Andres Pool

Recompletion

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

County Date Spudded 2/23/64 Date Drilling Completed 4/1/64  
Elevation 4222 KB Total Depth 4333 PBD 4281  
Top Oil/Gas Pay 4164 Name of Prod. Form. San Andres

PRODUCING INTERVAL -

Perforations 4164, 70, 75, 80, 93, 4201, 05, 23, 31, 35 & 4243  
Open Hole Casing Shoe 4332 Tubing 4130

OIL WELL TEST -

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

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Tubing, Casing and Cementing Record

Size	Feet	San
8-5/8	297	200
7-1/2	4333	200
2"	4130	

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

Test After Acid or Fracture Treatment: 2,300 MCF/Day; Hours flowed

Choke Size 32/64 Method of Testing: Separator

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 3000 gals. 15% Acid

Casing Tubing Date first new  
Press. 1230 Press. 540 oil run to tanks April 20, 1964

Oil Transporter

Gas Transporter Hearburg & Ingram, Elliott Gasoline Plant

Remarks:

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

Approved \_\_\_\_\_, 19\_\_\_\_

OIL CONSERVATION COMMISSION

By: \_\_\_\_\_

Title: \_\_\_\_\_

Jack L. McClellan (Company or Operator)

By: J. L. McClellan (Signature)

Title: Operator

Send Communications regarding well to:

Name: Jack L. McClellan

Address: Box 848, Roswell, New Mexico