

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

This form shall be submitted by the operator before an initial allowable will be assigned to any completed or recompleting well. Form C-104 is to 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
(Place)

December 10, 1963
(Date)

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

Jack L. McClellan Texaco Federal, Well No. 1, in SW 1/4, SW 1/4,
(Company or Operator) (Lease)

M Sec 27, T 7-S, R 35-E, NMPM, Wildcat Pool
(Unit Letter)

Roosevelt

County. Date Spudded 9/26/63

Date Drilling Completed 10/11/63

Please indicate location:

Elevation 4211 DF Total Depth 4315 PBD 4238

Top Oil/Gas Pay 4200 Name of Prod. Form. San Andres

PRODUCING INTERVAL -

Perforations 4200, 4203, 4206, 4210 and 4213

Open Hole Depth Casing Shoe 4314 Depth Tubing 4163

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

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

Test After Acid or Fracture Treatment: 1,500 MCF/Day; Hours flowed 24

Choke Size 18/64 Method of Testing: through separator

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 1000 gals. 15% NE Acid

Casing Tubing Date first new Press. 6(Pkr) Press. 675 oil run to tanks

Oil Transporter

Gas Transporter Nearburg & 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

Send Communications regarding well to:

Name Jack L. McClellan

Address Box 848, Roswell, New Mexico

OIL CONSERVATION COMMISSION

By:

Title