,					
	HO. OF COPIES RECEIVED				
	DISTRIBUTION				
	SANTA FE				
	FILE				
	U.S.G.S.				
	LAND OFFICE				
Ì	TRANSPORTER	OIL			
		GAS			
	OPERATOR				
	PRORATION OFFICE				
	Operator				
	JACK L.	MCCI	ELI	A.	

	<u> </u>					
	DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISS			
	SANTA FE		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11		
	FILE	AND Effective 1-1-65				
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
	LAND OFFICE		AND ORT OIL AND NATURAL	GAS		
	TRANSPORTER OIL					
	GAS					
	OPERATOR					
	PRORATION OFFICE	-				
	Operator					
JACK L. MCCLELIAN						
Reason(s) for filing (Check proper box) Other (Please explain)						
	OON/EOTION					
Change in Ownership Casinghead Gas Condensate						
If change of ownership give name THIS WELL HAS BEEN PLACED IN THE POOL						
and address of previous ownerDESIGNATED BELOW. IF YOU DO NOT CONCUR						
		NOTIFY THIS OFFI				
II.	DESCRIPTION OF WELL AND		995			
	Lease Name	Well No. Pool Name, Including I	/	Logas Ivo.		
	ATIANTIC PEDERAL	l BLUITT SAN	ANDRES /// / State, Federa	or Foo FEDERAL 042716A		
	Location					
	Unit Letter I :231	Feet From The South Li	ne and 660 Feet From	The East		
			· · · · · · · · · · · · · · · · · · ·	The Hasti		
	Line of Section 24 To	waship 85 Range	37E , NMPM, Chav	7色島 County		
			212 /	County		
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	45			
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro	eved copy of this form is to be sent)		
	MOBIL OIL COMPANY.	עדת באודשקום		,, ,		
	Name of Authorized Transporter of Ca	singhead Gas XX or Dry Gas	BOX 900 Dallas, Texas Address (Give address to which approved copy of this form is to be sent)			
	Cities Service Oil	Company Unit Sec. Twp. Rge.	BOX 300, Tulsa Oklahoma 74102			
	If well produces oil or liquids, give location of tanks.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Į	give location of lanks.	I	YES	5-11-70		
		th that from any other lease or pool,	give commingling order number:	•		
IV.	COMPLETION DATA					
	Designate Type of Completic	on - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
		A		! :		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
- (5-9-70	5-19-70	4909 •	4884		
ſ	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	3889' D.F.	SAN ANDRED	4802	4874		
Ī	Perforations			Depth Casing Shoe		
4802.03.08.09.10. 15%. 17%. 18.20 21%.				4909 1		
- 1			D CEMENTING RECORD	+303		
ı	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
h	124	8 F/3"	310 '	175 Santon		
ŀ	7 7/8"	4 1/2"	4909 •	275 580		
ŀ	1.17.0	2 3/511				
-		2 3/ 8	4874 *			
				<u> </u>		
	TEST DATA AND REQUEST FO		ifter recovery of total volume of load oil epth or be for full 24 hours;	and must be equal to or exceed top allow-		
-	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	4		
	Date First New Oil Aun 10 1 dazs	Date of Test	Producing Method (Flow, pump, gas ii)	nt, etc.)		
_						
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
_						
	Actual Prod. During Test	Otl-Bbls.	Water-Bbls.	Gas-MCF		
	GAS WELL					
Γ	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	1139	24	18.13/MMCF			
	Testing Method (pitot, back pr.)	74 Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	BACK PRESTIEM	1235#	1235#	24/64		
	CERTIFICATE OF COMPLIANCE	<u> </u>		······································		
71. (CERTIFICATE OF COMPLIANC	J.E.		TION COMMISSION		
			APPROVED 13/0			
		egulations of the Oil Conservation with and that the information given				
	bove is true and complete to the					
_	•					
			TIPE UPERVISOR DISTRICT: This form is to be filed in compliance with RUL 1100. If this is a request for allowable for a newly care and a second sec			
	00	1				
	- Dona Miller	7 d.				
/(Signature)			well, this form must be accompanied by a tabulation of the second			
	PRODUCTION SUI	·	tests taken on the well in accordance with RULL YEL			
_	TRODUCTION SUI		All sections of this form mus			
	5-11-70	,	able on new and recompleted well.			
_)-11-(U	7.01	Fill out only Sections I, II, III, and VI for all year of sware, well name or number, or transporter, or other such the section.			
	(Da		Separate Forms C-104 must be filed for each and in multiply			