

RECEIVED

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico

Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator McCLELLAN OIL CORPORATION	Well API No. 30-DD5-DD517
Address P. O. Drawer 730, Roswell, NM 88202-0730	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/> Re-entry	<input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Big Lucky Lake Federal Com.	Well No. 2	Pool Name, Including Formation Little Lucky Lake Morrow	Kind of Lease State, Federal or Fee	Lease No. NM-55133
Location Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East Line Section 30 Township 15-South Range 30-East, NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
American Processing, L. P.	333 Clay St., Ste. 2000, Houston, TX 77002					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					Yes	9/15/93

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 Res'v	Diff Res'v
			Re-Entry					
Date Spudded entered 7/08/93	Date Compl. Ready to Prod. 9/07/93	Total Depth 10,415'			P.B.T.D. 10,218'			
Elevations (DF, RKB, RT, GR, etc.) 3932' GR	Name of Producing Formation Morrow Sand		Top Oil/Gas Pay 9980-9988'			Tubing Depth 9932'		
Perforations 9980-9988' 4 jet shots/ft. .49" 9980-9988' 4 jet shots/ft. .30"			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
Existing	13-3/8"		460'			Circ 350 sx (in hole)		
12 1/4"	9-5/8"		2929'			Circ 600 sx (in hole)		
8-3/4"	5 1/2"		10262'			655 sx DV tool @ 8477'		
			650 sx second stage					

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D 1300 MCF/GPD	Length of Test 24 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (Shut-in) 600	Casing Pressure (Shut-in) Packer	Choke Size 1 1/2"

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Mark McClellan
Printed Name Mark McClellan Title President
Date 9/17/93 Telephone No. 62203200

OIL CONSERVATION DIVISION

Date Approved SEP 27 1993By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

SEP 27 1993

JOE BLOOM'S
OFFICE