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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION

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

REQUEST FOR ALLOWABLE
ED BY AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
NOV 13 1985
O. C. D.
ARTESIA, OFFICE

Operator McClellan Oil Corporation	
Address P.O. Drawer 730, Roswell, NM 88202	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Champeau MOC Federal	Well No. 1	Pool Name, Including Formation Morrow	Kind of Lease State, Federal or Fee Federal
Location Unit Letter <u>C</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>31</u> , Township <u>15S</u> Range <u>30E</u> , NMPM, <u>Chaves</u> Co			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Corporation	P.O. Drawer 159, Artesia, NM 88210
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)
Cabot Pipeline Corporation	P.O. Box 1473, Charleston, WV 25325
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
C 31 15S 30E	Yes 11-04-85

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.
		XX	XX					
Date Spudded 3-27-85 (re-entry)	Date Compl. Ready to Prod. 4-29-85	Total Depth 10,030'	P.B.T.D. 10,030'					
Pool Double L South	Name of Producing Formation Morrow	Top Oil/Gas Pay 9,890'	Tubing Depth 9,818'					
Perforations 9,894'-9,901'	Depth Casing Shoe 10,030'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

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
able 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.)	
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 500 MCF/D	Length of Test 24 hrs	Bbls. Condensate/MMCF 50	Gravity of Condensate 51
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure 350	Casing Pressure 780	Choke Size 14/64"

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.

Operations Manager

November 12, 1985

OIL CONSERVATION COMMISSION
NOV 19 1985
APPROVED _____, 19____
BY Eddie W. Sully
TITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep
well, this form must be accompanied by a tabulation of the devi
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for a
able on new and recompleted wells.Fill out Sections I, II, III, and VI only for changes of ov
well name or number, or transporter, or other such change of condiSeparate Forms C-104 must be filed for each pool in mul
completed wells.

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