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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes C-104 and C-110
Effective 1-1-65

APR 17 6 24 AM '67

APR 17 11 42 AM '67

I. Operator
JACK L. MCCLELLAN
Address
P. O. Box 848, ROSWELL, NEW MEXICO 88201
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

UNDESIGNATED Chaveros-San Andres

Lease Name KLEPPER STATE	Well No. 1	Pool Name, Including Formation CHAVEROO-SAN ANDRES	Kind of Lease State, Federal or Fee	STATE
Location Unit Letter D ; 330 Feet From The NORTH Line and 330 Feet From The WEST Line of Section 12 , Township 8-SOUTH Range 33-EAST , NMPM, CHAVES County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> PERMIAN CORPORATION	Address (Give address to which approved copy of this form is to be sent) Box 3119, MIDLAND, TEXAS					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 12	Twp. 8	Rge. 33	Is gas actually connected? No	When

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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 2/22/67	Date Compl. Ready to Prod.		Total Depth 4410'		P.B.T.D. 4393'			
Pool CHAVEROO	Name of Producing Formation SAN ANDRES		Top Oil/Gas Pay 4292'		Tubing Depth 4348'			
Perforations		Depth Casing Shoe 84 & 90'						
1 SHOT PER FOOT 4292, 94, 4300, 03, 08, 14, 16, 18, 24, 33, 78, 82,								
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
12-3/4"		8-5/8"		402'		210 SX		
7-7/8"		4-1/2"		4408'		225 SX		

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 Tanks 4/02/67	Date of Test 4/02/67	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 HOURS	Tubing Pressure 0	Casing Pressure 150	Choke Size 2" OPEN
Actual Prod. During Test 124 BARRELS	Oil-Bbls. 84	Water-Bbls. 40	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
TITLE _____

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

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply

J. L. McClellan
(Signature)

OPERATOR

APRIL 7, 1967

(Date)