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DISTRIBUTIO			
SANTA FE			
FILE			
u.s.g.s.			
LAND OFFICE			
TRANSPORTER	OIL		
THAIRST GITT ER	GAS		
OPERATOR			
PRORATION OFFICE			

## NEW MEXICO OIL CONSERVATION COMMISSION N

	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110	
	FILE	4	AND	Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL	GAS	
	LAND OFFICE	4			
	TRANSPORTER GAS				
	OPERATOR	1	• .		
	PRORATION OFFICE	†			
1.	Operator	<u> </u>			
	JACK L. MCC	LELLAN			
	Address		00		
	P. O. Box 8	18. Roswell, New Mex	1 co 88201		
	Reason(s) for filing (Check proper box		Other (Please explain)		
	New We!l Recompletion	Change in Transporter of:  Oil Dry Ga		•	
	Change in Ownership	Casinghead Gas X Conder	<b>₹</b> !		
	If change of ownership give name and address of previous owner		•	•	
	and address of previous owner				
11.	DESCRIPTION OF WELL AND	LEASE			
	Lease Name	Well No. Pool Name, Including Fo		se Lease No.	
	LISA "B" FEDERAL	2 SULIMAR Q	UEEN State, 1 day	TOTAL COLUMN	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	O Feet From The SOUTH Lin	660	The WEST	
	Unit Letter M : 66	Feet From The 300111 Lin	e and OOU Feet From	The	
	Line of Section 18 To	waship  5-South Range 30	-EAST , NMPM, CH	AVES County	
		<u> </u>			
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S		
	Name of Authorized Transporter of Oll		Address (Give address to which appr	oved copy of this form is to be sent)	
		1.1		oved copy of this form is to be sent)	
	Name of Authorized Transporter of Car		ļ		
		ROLEUM COMPANY	BARTLESVILLE, Is gas actually connected?	hen OKLAHOMA	
	If well produces oil or liquids, give location of tanks.	M 18 15S 30E	No !	2/18/71	
		<del></del>	<u> </u>		
1V	If this production is commingled will COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	· · · · · · · · · · · · · · · · · · ·	
		Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.	
	Designate Type of Completic	on - (X)	1	1 1	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
			Top Oil/Gas Pay	Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top On/Gus Puy	rubing bopin	
	Perforations	<u> </u>	<u> </u>	Depth Casing Shoe	
	7				
	TUBING, CASING, AND		CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		1			
		DATE OF A STATE OF THE STATE OF	for a second sec	il and must be equal to or exceed top allow-	
V.	TEST DATA AND REQUEST F	able for this de	pth or be for full 24 hours)		
	OIL WELL 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	
			Water - Bbls.	Gas-MCF	
	Actual Prod. During Test	Oil-Bble.	Willer - Bolle.	G-12G-1	
	<u></u>	<u> </u>	L	<u> </u>	
CAC WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
•	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI.	CERTIFICATE OF COMPLIAN	CE	OIF CONSERV	ACTOR COMMISSION	
			APPROVED, 19		
	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.			BY Thank		
			TITLE OPERVISOR DISTRICE		
	This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviation of			compliance with MULE 1104.	
				regied by a tabulation of the deviation	
	tests taken on the well in accordance with RULE 111.			ordance with RULE 111.	
(Title) able			All sections of this form must be filled out completely for allowable on new and recompleted wells.  Fill out only Sections I, II, III, and VI for changes of owner,		
			ii Separate Forms C-104 mg	ist be titled for each boot to marribly	

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FEB 1971

ANTEDIA, OFFICE