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

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

RECEIVED BY  
 Form C-104  
 Supersedes Old C-104 and C-11  
 Effective 1-1-6  
**AUG 15 1984**  
 O. C. D.  
 ARTESIA OFFICE

Operator  
**McClellan Oil Corporation**  
 Address  
**P. O. Drawer 730, Roswell, New Mexico 88202**  
 Reason(s) for filing (Check proper box) Other (Please explain)  
 New Well  Change in Transporter of:  
 Incompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

**DESCRIPTION OF WELL AND LEASE**

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	NM-15309-A
<b>Vest Federal</b>	<b>1</b>	<b>Southeast Chaves Queen Gas</b>	State, Federal or Fee	<b>Federal</b>
Location				
Unit Letter	<b>0</b>	<b>660</b> Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>East</b>		
Line of Section	<b>4</b>	Township <b>14S</b>	Range <b>30E</b>	NMPM, <b>Chaves</b> County

**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)					
<b>Navajo Refining Corporation</b>	<b>P. O. Box 159, Artesia, NM 88210</b>					
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)					
<i>Cahst Corp.</i>						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<b>0</b>	<b>4</b>	<b>14S</b>	<b>30E</b>		

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

**COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<b>XX</b>						
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<b>3-30-82</b>	<b>5-15-82</b>	<b>2110'</b>	<b>2103'</b>					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<b>Southeast Chaves Queen Gas Area</b>	<b>Queen</b>	<b>2066'</b>	<b>2070'</b>					
Perforations			Depth Casing Shoe					

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<b>February 20, 1984</b>	<b>February 20, 1984</b>	<b>Flowing</b>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<b>24 hours</b>	<b>170</b>	<b>190</b>	<b>3/4"</b>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
<b>.5 barrel</b>		<b>-</b>	<b>82 MCF</b>

**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

**I. 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.

*Paul Ragsdale*  
 (Signature)

**Operations Manager**  
 (Title)

**August 9, 1984**  
 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED **AUG 17 1984**, 19

BY **ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT I SUPERVISOR**

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 completed wells.

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AUG 16 1984

O.C.D.  
HOBBS OFFICE