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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 Old C-104 and C-110  
Effective 1-1-65

RECEIVED BY
APR 05 1984
O. C. D.
ARTESIA, OFFICE

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

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name McClellan "A" Fed.	Well No. 2	Pool Name, Including Formation Wildcat, Bough C	Kind of Lease NM-19611
Location			State, Federal or Fee Federal
Unit Letter <u>H</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u>			
Line of Section <u>27</u> , Township <u>15-S</u> Range <u>30-E</u> , NMPM, <u>Chaves</u> County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 159, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Cabot Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) 7120 I-40 West, Amarillo, Tx. 79106					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 27	Twp. 15S	Rge. 30E	Is gas actually connected? Yes	When 4-2-84

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 1-17-84	Date Compl. Ready to Prod. 3-5-84	Total Depth 11,100'	P.B.T.D. 10,212'					
Pool Unnamed-New Discovery	Name of Producing Formation Bough "C"	Top Oil/Gas Pay 9,070'	Tubing Depth 8,992'					
Perforations 9088, 90, 93, 94, 96	Depth Casing Shoe 10,212'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	507'	525 sx
12-1/4"	8-5/8"	3,299'	1250 sx
7-7/8"	5-1/2"	11,100'	625 sx

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 3-3-84	Date of Test 3-4-84	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 165	Casing Pressure N/A	Choke Size 3/4
Actual Prod. During Test	Oil - Bbls. 353	Water - Bbls. 35	Gas - MCF 244.6

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

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 Raydale  
(Signature)  
Operations Manager  
(Title)  
4-4-84  
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 9 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.

7/10/1984

APR 9 1984  
O.C.D.  
HOBBS OFFICE