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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

Operator JACK L. MCCLELLAN	
Address P. O. Box 848, ROSWELL, NEW MEXICO 88201	
Reason(s) for filing (Check proper box)	Other (Please explain)
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"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name DYE	Well No. 1	Pool Name, Including Formation UNDESIGNATED	Kind of Lease State, Federal or Fee FEE
Location Unit Letter P ; 660 Feet From The SOUTH Line and 660 Feet From The EAST			
Line of Section 28 , Township 13-S Range 34-E , NMPM, LEA 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"/>	Address (Give address to which approved copy of this form is to be sent)
SERVICE PIPELINE COMPANY	MIDLAND, TEXAS
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
WARREN PETROLEUM COMPANY	Box 1589, TULSA, OKLAHOMA 74102
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
P 28 13 34	NO

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. Res'v.
XX			XX					
Date Spudded 2/08/69	Date Compl. Ready to Prod. 8/10/69	Total Depth 10,850'	P.B.T.D. 10.345'					
Pool UNDESIGNATED	Name of Producing Formation WOLF CAMP	Top Oil/Gas Pay 10,326'	Tubing Depth					
Perforations 10,326' - 10,330'; 10,355-356, 10,392-393, 10,436-450'			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	12-3/4"	390'	450 SX					
12"	8-5/8"	4320'	100 SX					
7-7/8"	4 1/2"	10,850'	400 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 8/12/69	Date of Test 8/14/69	Producing Method (Flow, pump, gas lift, etc.) SWABBING	
Length of Test 24 HOURS	Tubing Pressure 200#	Casing Pressure 400#	Choke Size 2"
Actual Prod. During Test 150	Oil-Bbls. 150	Water-Bbls. 1	Gas-MCF 150

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.

Jack L. McClellan
(Signature)
OPERATOR
(Title)

AUGUST 15, 1969
(Date)

OIL CONSERVATION COMMISSION
APPROVED SEP 2 1969, 19

BY [Signature]
TITLE SUPERVISOR

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