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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

Orig&4cc: NMOCC-Artesia
cc: REC,File

I.

Operator:
Sinclair Oil & Gas Company

Address:
P.O. Box 1920, Hobbs, New Mexico

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)
Assumed ownership effective September 1, 1965 ALSO change in lease name from MAX FRIESS to Max Friess FO

If change of ownership give name
and address of previous owner **Fren Oil Co., 913 El Paso National Bank Bldg, El Paso, Tex.**

II. DESCRIPTION OF WELL AND LEASE

Lease Name **Max Friess (FO)**   Well No. **6**   Pool Name, Including Formation **Grayburg Jackson**   Kind of Lease State, Federal or Fee **Federal**

Location:

Unit Letter **O** ; **990** Feet From The **South** Line and **1650** Feet From The **East**

Line of Section **19**, Township **17S** Range **31E**, NMPM, **Eddy** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Texas-New Mexico Pipeline Company

Address (Give address to which approved copy of this form is to be sent)
Box 1510, Midland, Texas

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Skelly Oil Company

Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1650 Tulsa, Oklahoma

If well produces oil or liquids, give location of tanks.
Unit **O** | Sec. **19** | Twp. **17S** | Rge. **31E**
Is gas actually connected? **Yes** | When: **3-1-64**

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 | Deeper | Plug Back | Same Res'v. | Diff. Res'v.

RECEIVED

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Pool	Name of Producing Formation	Top Oil/Gas Pay	**OCT 15 1965** Depth
Perforations			Depth Casing Shoe

O. C. C.
ARTESIA OFFICE

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)
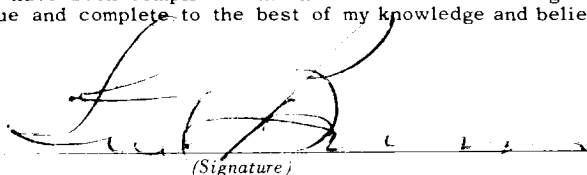
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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.

_____
(Signature)

Superintendent
(Title)

October 11, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED ___OCT 15 1965___, 19___

BY _M L Armstrong_

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.