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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Orig^lcc: OGC, Artesia, N.M.
cc: Regional Office
cc: file

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DEC 20 1967

I. Operator
SINCLAIR OIL & GAS COMPANY

Address
P. O. BOX 1920, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Turner A	Lease No.		Well No.	36	Pool Name, Including Formation	Grayburg Jackson	Kind of Lease	Federal
Location	Unit Letter G; 1980 Feet From The East Line and 1800 Feet From The North								
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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Texas New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent)	P. O. Box 1510, Midland, Texas 79701				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Skelly Oil Company	Address (Give address to which approved copy of this form is to be sent)	P. O. Box 207, Loco Hills, New Mexico 88255				
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 18	Twp. 17S	Rge. 31E	Is gas actually connected?	Yes	When 12-18-67

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 (X)	Gas Well	New Well (X)	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	11-18-67	Date Compl. Ready to Prod.	12-10-67	Total Depth	3450'	P.B.T.D.	3441'	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Grayburg Jackson	Top Oil/Gas Pay	2934'	Tubing Depth	3386'	
Perforations	2934-41, 2971-73, 2975-80, 3037-40, 3093-96', 3405-09-11-12-13-15-18'			Depth Casing Shoe	3450'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8"OD		605'		350			
8-3/4"	7"OD		3450'		350			
	2-7/8"OD		3386'					

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	12-10-67	Date of Test	12-16-67	Producing Method (Flow, pump, gas lift, etc.)	Pumping
Length of Test	24 hrs.	Tubing Pressure	0	Casing Pressure	0
Actual Prod. During Test	170bbbls.	Oil-Bbls.	61	Water-Bbls.	109
				Gas-MCF	29

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)
December 18, 1967
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY W. A. Grasset
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 only Sections I, II, III, and VI 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.