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U.S.G.S.		
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

Sinclair Oil Corporation Merged
into Atlantic Richfield Company
effective March 4, 1969

I. Operator **Sinclair Oil & Gas Company SINCLAIR OIL CORPORATION** effective 10-1-68

Address **501 Lincoln Tower Bldg., 1860 Lincoln Street, Denver, Colorado 80203**

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 Nordhaus Wm Federal	Well No. 7	Pool Name, Including Formation Ballard, Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. 078477
Location				
Unit Letter "T" ; 1500 Feet From The South Line and 800' Feet From The East				
Line of Section 19 Township 29N Range 7W , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
NONE		
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)	
El Paso Natural Gas Company	Box 990, Farmington, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
		Twp.
		Rge.
		Is gas actually connected?
		When When prod'n equip set and El Paso comm. line.

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.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 2/12/66	Date Compl. Ready to Prod. 4/1/66	Total Depth 2350'	P.B.T.D. 2320'					
Elevations (DE, RKB, RT, GR, etc.) 6536' O.L.	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 2157'	Tubing Depth 2223'					
Perforations Pictured Cliffs 2157-65' & 2173-85' w/2 Long Wells Kansas/ft.		Depth Casing Shoe 2350'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8" OD		1671'		135 sz w/14 C&C.			
7-7/8"	4-1/2" OD		2350'		300 sz Class 10"			
	2-3/8" OD		2223'					

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 198 MCF/D	Length of Test 1 hr	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Pilot	Tubing Pressure (Shut-in) 1450 - 24 hr	Casing Pressure (Shut-in) 1450 - 24 hr	Choke Size 3/4"

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.

M. E. Brown
(Signature)

Chief Office Clerk
(Title)

April 7, 1966
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 12 1966

BY Original Signed Emery C. Arnold

TITLE Supervisor Dist. # 3

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.