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| | GAS | 1 |
| 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

I. Operator
Sinclair Oil & Gas Company

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

Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of: Subsequent Request to advise transporter.
Recompletion ☐ Oil ☐ Dry Gas ☐ Not shown on Form C-104 dated 1/26/66.
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------------|---|---|------------------------------------|
| Lease Name Havajo Allotted | Well No. 1 | Pool Name, Including Formation Basin Dakota | Kind of Lease Havajo Allotted | Lease No. 14-20-403-1376 |
| Location Unit Letter A ; 1100' Feet From The North Line and 1150 Feet From The East Line of Section 24 Township 25 North Range 10 West , NMPM, San Juan County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|--|-------------------|--------------------|--------------------|---|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Engene Hunt Oil Company | Address (Give address to which approved copy of this form is to be sent) Box "H", Green River, Utah | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Southern Union Gas Company | Address (Give address to which approved copy of this form is to be sent) Box 808, Farmington, New Mexico | | | | | |
| If well produces oil or liquids, give location of tanks. A 24 25N 10W | Unit A | Sec. 24 | Twp. 25N | Rge. 10W | Is gas actually connected? No | When When Southern Union owns. |

If this production is commingled with that from any other lease or pool, give commingling order number: **None**

IV. COMPLETION DATA

| | | | | | | | | |
|------------------------------------|-----------------------------|----------|-----------------|----------|--------|-------------------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | | P.B.T.D. | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | | Tubing Depth | | |
| Perforations | | | | | | Depth Casing Shoe | | |

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 JAN 31 1966 |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF OIL CON. COM. DIST. 3 |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | 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.

M. E. Brown
(Signature)
Chief Office Clerk
(Title)
January 28, 1966
(Date)

OIL CONSERVATION COMMISSION
APPROVED **JAN 31 1966**, 19
BY **Original Signed Emery C. Arnold**
TITLE **Supervisor Dist. # 2**

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.