NO. OF COPIES RECEIVED			
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
OIL			
GAS	/		
OPERATOR			
PRORATION OFFICE			
	OIL GAS	OIL GAS /	

	NO. OF COPIES RECEIVED								
	DISTRIBUTION	NEW MEXICO OIL O	CONSERVATION CON	Mission	Form C-104				
	SANTA FE	REQUEST FOR ALLOWABLE				Supersedes Old C-104 and C-11			
	FILE	AND Effective 1-1-65							
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
1	CAND OFFICE OIL								
	TRANSPORTER GAS								
ł	OPERATOR 2								
1.	PRORATION OFFICE								
•	Operator	<u> </u>							
	Sinclair Oil & Gas Company								
	Address								
	501 Lincoln Tower Bldg., 1860 Lincoln Street, Denver, Colorado 80203								
Ì	Reason(s) for filing (Check proper box)		Other (Plea	se explain)	······································				
	New Well	Change in Transporter of:			•				
	Recompletion	Oil Dry Go	rs 🗌						
	Change in Ownership	Casinghead Gas Conde	nsate						
	If change of ownership give name and address of previous owner								
II. J	DESCRIPTION OF WELL AND I								
İ	Lease Name	Well No. Pool Name, Including F	'ormation	Kind of Lease		Lease No.			
	Navajo Allotted	2 Basin Dakota		State, Federal	or Fee Federal	11:-20-60			
	Location					1377			
	Unit Letter K ; 21,60	Feet From The South Lin	ne and <u>1800</u>	Feet From T	The West lir	10			
	-1	AP 37 17	70 ** *						
Ĺ	Line of Section 24 Tow	nship 25 North Range	10 West , NMF	м, San Ju	an	County			
(X.]	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	ER OF OIL AND NATURAL GA		to which appear	ed copy of this form is	to be sent!			
	Name of Authorized Transporter of Off	of Condensate	Address (Give dadress	to which approv	rea copy of this form is	to be sent)			
-	'Name of Authorized Transporter of Cas	Inghead Cas Can Can Can	Address (Cive address	to which copros	ed convolthis form is	to be sent)			
	Southern Union Gas Comp				to be sent;				
-	Southern outon day cont	Unit Sec. Twp. Rge.	Is gas actually connec						
	If well produces oil or liquids, give location of tanks.	ome pec. twp. Tige.	No		soon as conn.	made.			
L			<u> </u>		, book as court	, Alcido b			
	f this production is commingled with	n that from any other lease or pool,	give commingling ord	er number:					
۲.۲	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Re	s'v. Diff. Res'v.			
	Designate Type of Completion	x = (X)		1		1			
<u> </u>	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
	1/18/66	Feb. 16, 1966	<u>. </u>		61;60*				
 	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Tubing Depth				
	67081 CR	Dakota 6390-6413		6348*					
r	Perforations	pano da			Depth Casing Shoe				
	Dakota 6390-6413:			65351					
ı	TUBING, CASING, AND CEMENTING RECORD								
ľ	HOLE SIZE	CASING & TUBING SIZE	DEPTH	SET	SACKS CE	MENT			
ľ	12-1/1/1	8-5/8"	3113 ° G	.M.	220 sx.				
-	7-7/8"	1-1/2"	6535 0	M	Total 550 sx	50			
Ī		2-7/8"	631 ₁ 8: i	n packer.					
				<u> </u>					
v. '	TEST DATA AND REQUEST FO	RALLOWABLE (Test must be a	fter recovery of total vo	lume of load oil o	and must be equal to or	exceed top allow-			
	OIL WELL	able for this de	pth or be for full 24 hou		(0)				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (F	low, pump, gas i	ift, etc.)	VFAZ			
					INLULI	<u> </u>			
	Length of Test	Tubing Pressure	Coming Pressure		Chake Size	1000			
					EB 23	1966			
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.		Gad-WEFL CON	COM /			
	<u> </u>				DIET	3			
	Dist. 3								
_	GAS WELL		Tau a	<u> </u>	Towns of Good on the				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MM	CF	Gravity of Condensate	,			
	400 MCFPD	6 hrs	0		-				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu	t-1n)	Choke Size				
L	Pitot	18 hrs - 1650#	0 (Packer)		3/LD				
/I. (CERTIFICATE OF COMPLIANC	EE	OIL	CONSERVA	TION COMMISSIO	N			
			FF	2 4 1055		10			
1	I hereby certify that the rules and re	egulations of the Oil Conservation	APPROVED FEB 2 4 1966 , 19						
(mmission have been complied with and that the information given ove is true and complete to the best of my knowledge and belief.		By Original Signed Emery C. Arnold						
above is time and complete to the best of my knowledg									
	ji		TITLE Supervisor Dist. # 8						
			This form is to be filed in compliance with RULE 1104.						
	M. E. Brown (Signature)		If this is a request for allowable for a newly drilled or despended						
-	(Signat	(Signature)		Well, this form must be accompanied by a tabulation of the deviation					
	Chief Office Clerk		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allo						
-	(Tiel	e)	All sections of	ecompleted we	ils.	overy for allows			
	Feb. 21 1044		Fill out only Sections I. H. III. and VI for changes of owner,						
•	Feb. 21, 1956 (Dat	well name or numb	well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply						
				ms C-104 must	be filed for each p	ool in multiply			
			completed wells.						