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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

I. **SINCLAIR OIL & GAS COMPANY**  
Address: **601 Denver Club Building - Denver, Colorado**  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐  
Recompletion ☐ Casinghead Gas ☐ Condensate ☐  
Change in Ownership ☐  
Other (Please explain) **Filed to designate McWood Corporation as transporter of liquids.**

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Oxnard Federal</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Blanco-Mesaverde</b>	Kind of Lease State, Federal or Fee <b>Federal</b>
Location Unit Letter <b>M</b> ; <b>990</b> Feet From The <b>South</b> Line and <b>875</b> Feet From The <b>West</b> Line of Section <b>14</b> , Township <b>27 North</b> Range <b>8 West</b> , NMPM, <b>San Juan</b> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>McWood Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>2003 Wilco Bldg, Midland, Texas</b>		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>El Paso Natural Gas Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Farmington, New Mexico</b>		
If well produces oil or liquids, give formation of tanks.	Unit <b>M</b>	Sec. <b>14</b>	Twp. <b>27N</b>
	Rge. <b>8W</b>	Is gas actually connected? <b>Yes</b>	When <b>4-24-54</b>

If this production is commingled with that from any other lease or pool, give commingling order number: **No**

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"/>						
Date Spudded <b>1-8-53</b>	Date Compl. Ready to Prod. <b>5-13-53</b>	Total Depth <b>4775</b>	P.B.T.D.					
Pool <b>Blanco</b>	Name of Producing Formation <b>Mesaverde</b>	Top Oil/Gas Pay <b>4535</b>	Tubing Depth <b>4230</b>					
Perforations <b>None (Slotted Liner 4301-4691)</b>		Depth Casing Shoe <b>4373 (5 1/2" csg.)</b>						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>13-3/4</b>	<b>9-5/8" OD</b>	<b>158'</b>	<b>175 ex.</b>					
<b>8-3/4</b>	<b>5-1/2" OD</b>	<b>4373'</b>	<b>375 ex.</b>					
<b>4-3/4</b>	<b>4-1/2" OD (Liner)</b>	<b>4301-4691</b>	<b>None</b>					
<b>-</b>	<b>2-3/8" OD</b>	<b>4230</b>	<b>-</b>					

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 From Jan-Feb, 1964 Well Test Data Sheet

Actual Prod. Test-MCF/D <b>190</b>	Length of Test <b>1-19-64 to 1-26-64</b>	Bbls. Condensate/MMCF <b>Not calculated</b>	Gravity of Condensate <b>Est. 50-55°</b>
Testing Method (pitot, back pr.) <b>Dead Wt. tester</b>	Tubing Pressure <b>550</b>	Casing Pressure <b>Pkr = 0</b>	Choke Size <b>4" Meter run, .625 Orf.</b>

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.

OIL CONSERVATION COMMISSION  
APPROVED **MAR 5 1965**, 19  
BY **Original Signed Emory 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 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.

**W. E. Brown**  
(Signature)

**Chief Office Clerk**

(Title)

**March 4, 1965**

(Date)