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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

Operator Sinclair Oil & Gas Company <i>effective 10-1-68</i>	
Address 501 Lincoln Tower Building, 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"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead 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 Hugh J. Graham VII	Well No. 4	Pool Name, Including Formation South Elmore- Pictured Cliffs	Kind of Lease Deferral State, Federal or Foreign NE-05792
Location			
Unit Letter G ; 1610 Feet From The North Line and 1555 Feet From The East			
Line of Section 10 , Township 27 North Range 8 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"/> None	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 990 Farmington, New Mexico
If well produces oil or liquids, give location of tanks. None	Is gas actually connected? No When E.P. completes lines

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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 9-3-65	Date Compl. Ready to Prod. 10-2-65		Total Depth 2300'		P.B.T.D. 2269'			
Pool South Elmore	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 2172'		Tubing Depth 2173'			
Perforations Pictured Cliffs - 2172-2190 w/ 2 holes/ft.					Depth Casing Shoe 2299'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		187' O.H.		175 sk w/25 cwt			
6-3/4"	4-1/2"		2299' O.H.		200 sk Class 70			
	2-3/8"		2173'					

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 2190 MCF/D	Length of Test 8 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Pitot	Tubing Pressure 604	Casing Pressure 2504	Choke Size Open 2" Reg.

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.

W. E. Brown
(Signature)

Chief Office Clerk
(Title)

October 12, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED **OCT 26 1965**

BY **Original Signed Emery C. Arnold**

TITLE **Supervisor Dist. # 8**

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.