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FILE		/	-	
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS	1		
OPERATOR		2		
PROPATION OF				

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

FILE	1		AND	Effectiv	re 1-1-65
U.S.G.S.	AU	THORIZATION TO T	RANSPORT OIL AND	NATURAL GAS	
LAND OFFICE	+-+-				هست مو
TRANSPORTER GAS	+,-+			Sinclair Oil Co.	rporation Merged
OPERATOR	2			<u>tiits Atlantic Ri</u> piivative M arch	ichiteta Company
PRORATION OFFICE				SUPERIOR STATE	
Operator Constitution of the Constitution of t	<u> </u>	SINCLAIR OII	CORPORATION		
Sinclair Cil &	are content.	effective	10-1-68		
Address Tue	ne 10de - 18	in Linnalu St.	Bonver, Colored		
Reason(s) for filing (Check	proper box)	·		use explain)	
New Well	•	age in Transporter of:			
Recompletion	Oil	Dry	/ Gas		
Change in Ownership	Casi	nghead Gas Cor	ndensate		
change of ownership giv	e name				
nd address of previous or					
ESCRIPTION OF WEL	I AND LEASE				
DESCRIPTION OF WEI		No. Pool Name, Includin	g Formation	Kind of Lease	Lease N
Suches #30 VII To	danut f	Se. Banco.	Pictored Cliffs	State, Federal or Fee	m 957
ocation					
Unit Letter	;Fee	t From The	Line and	Feet From The	
		All Manida	• • • · · · · · · · · · · · · · · · · ·	014 	Caun
Line of Section	Township	Range	, NMI	эм,	Coun
ESIGNATION OF TRA	INSPORTER OF	OIL AND NATHRAL	GAS		
Name of Authorized Transpo		or Condensate	Address (Give addres	s to which approved copy of this fo	orm is to be sent)
Name of Authorized Transpo	rter of Casinghead Go	as or Dry Gas		s to which approved copy of this fo	orm is to be sent)
M. Pego Katura	l Gos Company	<u> </u>	10x 770, Fat		
well produces oil or liquid	is, Unit	Sec. Twp. Rge.	Is gas actually conne		
ive location of tanks.		<u> </u>		When E.P.Y.G	_
this production is comm	ingled with that from	m any other lease or po	ool, give commingling or	ler number:	
OMPLETION DATA		Oil Well Gas Wel	l New Well Workove	n Deepen Plug Back Sa	me Res'v. Diff. Re
Designate Type of C	ompletion — (X)	*	*		
Oate Spudded		apl. Ready to Prod.	Total Depth	P.B.T.D.	
2:30 year 3/25/6			71601	310	
levations (DF, RKB, RT, (, c.c.,	Producing Formation	Top Oil/Gas Pay	Tubing Depth	
67951 B.L.	Plote	and Giffe	2532;	Depth Casing S	Shoe
Perforations		2 heles/ft.	-	Bles :	
Piotured Cliffs	47-34 W		AND CEMENTING REC		
HOLE SIZE	CA	SING & TUBING SIZE	DEPTH		SCEMENT
19.1/10	8.6/		1301	250 45 63	nes A. M. C
7-7/3		70	33001	200 05 50	- D - C - C - C
	9-3/		29221	Die-Min A	
TEST DATA AND REQ	UEST FOR ALLO	OWABLE (Test must b	be after recovery of total vi s depth or be for full 24 ho	olume of load oil and must be nun	l to or exceed top a
OIL WELL Date First New Oil Run To	Tanks Date of T	•		low, pump, gas lift, esc.	
NOTE LITER MEM OTI LITE 10	2010 01	-		/Q+# \	A CD /
Length of Teet	Tubing P	ressure	Casing Pressure	CHOIN Size	
• • •				Gas MCF 11	1966
Actual Prod. During Test	Oil-Bble		Water - Bbls.	OIL CON	COM.
				VOIT COL	1.3
				وال /	/
AS WELL Actual Prod. Test-MCF/D	Length o	f Test	Bbls. Condensate/Mi	MCF Gravity of Cond	densate
			TTP MOL	Ter -	
Testing Method (pitot, back		ressure (Shut-in)	Casing Pressure (Sh	ut-in) Choke Size	
	· .	- 1 hr SI.	8105 - 1 he		
PERTIFICATE OF CO			i — — —	CONSERVATION COMM	ISSION
ERTIFICATE OF CO	MELIMICE				_ , .
hereby costify that the -	ules and regulation	s of the Oil Conservati	ion APPROVED M	47 TT 1966	, 19
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.		/en i	original Signed by Em	ery C. Arno	
bove is true and comple	ete to the best of	my knowledge and bell	l i		
			TITLE	SUPERVISOR DIST. #3	
			This form is	to be filed in compliance with	RULE 1104.
m.E.Br	sur		TE ship in a s	equest for allowable for a newl	ly drilled or deep
(Signature)			I 11 Abda Comm m	ust be accompanied by a tabul ne well in accordance with RU	WITOU OF THE GAAT
Chief Office	Elanic		- All sections	of this form must be filled out	completely for a
(Title)		able on new and	recompleted wells.		
		Fill out only	y Sections I. II. III. and VI faber, or transporter, or other such	or changes of ov h change of condi	
	(Date)		Secreta Fo	rms C-104 must be filed for	each pool in mul
			completed wells.	orms C-104 must be filed for	-