

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 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

Sinclair Oil Corporation Merged
into Atlantic Richfield Company
effective March 4, 1969

I. Operator
SINCLAIR OIL & GAS COMPANY **SINCLAIR OIL CORPORATION**
effective 10-1-68
Address
501 Lincoln Tower Building, 1860 Lincoln Street, Denver, Colorado - 80203
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
See name change

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Maddox "A" Federal Com	Well No. 1	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal
Location Unit Letter M ; 990 Feet From The South Line and 990 Feet From The West Line of Section 11 , Township 30 North Range 13 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 checked="" type="checkbox"/> Platam, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 108, Farmington, New Mexico					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input 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.	Unit M	Sec. 11	Twp. 30N	Rge. 13W	Is gas actually connected? No	When

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded June 26, 1965	Date Compl. Ready to Prod. August 18, 1965		Total Depth 6634		F.B.T.D. 6604				
Pool Basin Dakota	Name of Producing Formation Graneros-Dakota		Top Oil/Gas Pay 6406		Tubing Depth 6409				
Perforations Graneros 6406-13 , Dakota 6492-6524						Depth Casing Shoe 6633			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4" 7-7/8"	8 5/8" 4 1/2"		359 6633		300 sx w/2% CaCl 1st stage - 400 sx 2nd stage - 600 sx				

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 2310	Length of Test 6 hrs	Bbls. Condensate/MMCF -	Gravity of Gas
Testing Method (pitot, back pr.) Pitot	Tubing Pressure 100#	Casing Pressure 600#	Choke Size 3/4"

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)

August 31, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED **SEP 3 1965**, 19

BY **Original Signed Emery 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.