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SANTA FE /		٨	NEW MEX	ICO OIL	
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LAND OFFICE		UTHOR	IZATIO	N 10 11	< /
TRANSPORTER GAS					
OPERATOR					
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SINCLAIR OIL & GAS CA	OMPANY		SIN	ICLAIR MAJOC	Ł
501 Lincoln Tower But	ilding,	1860 1	idneol:	0 1	
Reason(s) for filing (Check proper i	box)	nange in Tr			
itecompletion	01		disporter	OI; Dry	Go
Change in Cwnership	00	singhead (Gas	Cond	e
f change of ownership give name and address of previous owner	e				
DESCRIPTION OF WELL AN Lease Name	D LEASE		Well N	o. Pool N	a
Maddox "A" Federal Con	3		1	Ba	J.
Unit Letter M	990 _F	eet From T	he Sout	th L	i۳
	* '			L	1.
Line of Section	Township	30 No)Len	Range	
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Platean, Inc. Name of Authorized Transporter of (Mame of Authorized Transporter of (El Paso Natural Gas ()	Casinghead	or Cond	ensate E or Dry G	as 🗌	<u>A</u>
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(Date)

NSERVATION COMMISSION

Form C-104

FILE /	REQUEST	REQUEST FOR ALLOWABLE AND Supersedes Old C-104 and C Effective 1-1-65				
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATUR	AL GAS			
LAND OFFICE			Sinclair Oil Corporation Merged			
FRANSPORTER - GAS			into Atlantic Richfield Company			
OPERATOR			effective March 4, 1969			
I. PRORATION OFFICE						
SINCLAIR OIL & GAS O	COMPANY SINCLAIR	OIL CORPORATION				
Address EOI TAngoln Terror Do	<i>t [</i> '		00000			
Reason(s) for filing (Check proper	ilding, 1860 Lincoln Stree	Other (Please explain)				
New Well	Change in Transporter of:		name change			
Hecompletion Change in Ownership	Oil Dry G Casinghead Gas Conde		marie change			
and the matching	Conde	ensate				
If change of ownership give namer and address of previous owner _	ne					
I. DESCRIPTION OF WELL AN	ND I FACE		-			
Lease Name		ame, Including Formation	Kind of Lease			
Maddox "A" Federal Co	m 1 Bas	in Dakota	State, Federal or Fee Federal			
Unit Letter M	990 Feet From The South Lis	ne and 990 Fact 5	Tom The West			
Offic Letter	reet rom the	ne andFeet F	rom The			
Line of Section . ,	Township 30 North Range	13 West , NMPM, Sa	n Juan County			
I. DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL GA	AS				
Name of Authorized Transporter of	Oil or Condensate	Address (Give address to which a	approved copy of this form is to be sent)			
Platean, Inc. Name of Authorized Transporter of	Casinghead Gas or Dry Gas	Box 108, Farmington Address (Give address to which a	New Mercies upproved copy of this form is to be sent)			
El Paso Natural Gas		Box 990, Farmington				
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When			
give location of tanks.	M 11 30N 13W	No				
COMPLETION DATA	with that from any other lease or pool,	give commingling order number:				
Designate Type of Comple	etion $-(X)$	New Well Workover Deeper	r. Flug Back Same Restv. Diff. Restv.			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.			
June 26, 1965	August 18, 1965	6634	660h			
Basin Dakota	Name of Producing Formation Graneros-Dakota	Top Cil/Gas Pay	Tubing Depth			
Perforations		640 6	Depth Casing Shoe			
Graneros 6406-13, De			6633			
HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT			
12 1/4"	8 5/8°	359	300 ax w/2% CaCl.			
7-7/8°	4 1/2*	6633	lst stage - 400 sx			
	_		2nd stage - 600 ax			
. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load	l oil and must be equal to or exceed top allow-			
OIL WELL Hate First New Oil Bun To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, go				
		roadeing memod (road, pamp, ge	23 16/1, (10.7)			
Length of Test	Tubing Fressure	Casing Pressure	Choke Size			
Actual Prod. During Test	Cil-Bbls.	Water-Bbls.	Gas-MG-			
			Kruri			
GAS WELL			SEP3 1965			
Actual Frod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Other CO. CO.			
2310	6 hrs	•	BIST. 3			
Testing Method (pitot, back pr.) Pitot	Tubing Pressure	Casing Pressure	Choke Size			
. CERTIFICATE OF COMPLIA		600#	3/4" RVATION COMMISSION			
			1965			
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED, 19				
	the best of my knowledge and belief.	BY Original Signed Emery C. Attion				
		TITLE Supervisor Dist. #	3			
	,	This form is to be filed	in compliance with RULE 1104.			
m. E. Brow	gnature)	If this is a request for allowable for a newly drilled or deepened				
Chief Office Clerk	19 1000 M/ C /	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
(Title) All sections of this form must be filled out comp able on new and recompleted wells.						
August 31, 1965		. !	III, and VI only for changes of owner,			

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