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FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER OIL
OPERATOR GAS
PRODUCTION 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

I. Operator: Sinclair Oil & Gas Company

Address: P. O. Box 1920, Hobbs, New Mexico

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: Oil Dry Gas

Change in location Custodian Condensate

Change in ownership

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Hazel S. Turner Well No.: 4 Pool Name, Including Formation: Blinebry Kind of Lease: Fee

Section: M 660 East From The: South Line and: 660 Feet From The: West

Line of Section: 29 Township: 21S Range: 37E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
The Permian Corporation Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas

Name of Authorized Transporter of Casinghead Gas or Dry Gas
Warren Petroleum Corporation Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Oklahoma

If well produces oil or liquids, give location of tanks. Unit: M Sec: 29 Twp: 21S Rge: 37E Is gas actually connected? No When to be connected when connected in to permanent tank btty. connected in to permanent tank btty.

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.
(X)								(X)
Date Spudded: <u>5-27-65</u>	Date Compl. Ready to Prod.: <u>6-16-65</u>	Total Depth: <u>6627'</u>	P.B.T.D.: <u>6553'</u>					
Name of Producing Formation: <u>Blinebry</u>	Top Oil/Gas Pay: <u>5573'</u>	Tubing Depth: <u>5543'</u>	Depth Casing Shoe: <u>6627'</u>					
References: <u>5573-83', 93', 99', 5642-85', 95', 5716-36', 40', 54', 70', 80', 84', 90', 5802-10', 14', 28', 34', 45', 60', 75'</u>								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	<u>13-3/8"OD</u>		<u>315</u>		<u>300</u>			
	<u>7-5/8"OD</u>		<u>2796</u>		<u>1000</u>			
	<u>5-1/2"OD</u>		<u>6627</u>		<u>400</u>			
	<u>2-3/8"OD</u>		<u>5543'</u>					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks: 6-16-65 Date of Test: 6-17-65 Producing Method (Flow, pump, gas lift, etc.): Flow

Length of Test: 24 hrs. Tubing Pressure: 700# Casing Pressure: PKR Choke Size: 1 1/4"

Actual Prod. During Test: 62 Bbls Oil Oil - Bbls.: 62 Bbls. Water - Bbls.: 6 Bbls. Gas - MCF: 339

6 BFW

GAS WELL

Actual Prod. Test-MCF/D: _____ Length of Test: _____ Bbls. Condensate/MMCF: _____ Gravity of Condensate: _____

Testing Method (pitot, back pr.): _____ Tubing Pressure: _____ Casing Pressure: _____ Choke Size: _____

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.

[Signature]
(Signature)
Superintendent
(Title)
June 18, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

TITLE _____

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 ownership name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiple completed wells.