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TRANSPORTER	OIL 1 GAS 1
OPERATOR	3
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

Orig & 4cc: NMCCC-Artesia  
cc: REC, File

RECEIVED

Operator <b>Sinclair Oil &amp; Gas Company</b>		OCT 15 1965
Address <b>P.O. Box 1920, Hobbs, New Mexico</b>		
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Assumed ownership effective September 1, 1965 Also change in lease name from MAX PRIESS to Max Priess PO
Recompletions <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in ownership <input checked="" type="checkbox"/>		
If change of ownership give name and address of previous owner <b>Fren Oil Co., 913 El Paso National Bank Bldg, El Paso, Tex.</b>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Max Priess (FO)</b>	Well No. <b>4</b>	Pool Name, including Formation <b>Grayburg Jackson</b>	Kind of Lease State, Federal or Fee <b>Federal</b>
Location Unit Letter <b>I</b> ; <b>1980</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>East</b> Line of Section <b>19</b> , Township <b>17S</b> Range <b>31E</b> , NMPM, <b>Edy</b> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Texas-New Mexico Pipeline Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1510, Midland, Texas</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Skelly Oil Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1650 Tulsa, Oklahoma</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>0</b>	Sec. <b>19</b>	Twp. <b>17S</b>	Rge. <b>31E</b>	Is gas actually connected? <b>Yes</b>	When <b>5-14-64</b>

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 Rest'v.	Diff. Rest'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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)

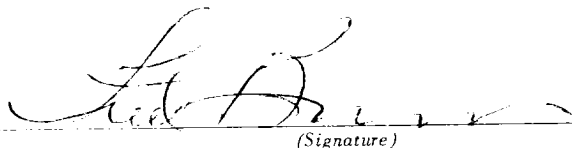
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	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.



Superintendent

(Title)

October 11, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED **10 12 1965**, 19  
BY **M. L. Armstrong**  
TITLE **VICE PRESIDENT**

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.

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

0-800-762-2244

**Abstract**

DATE: 10/25/2011  
TIME: 10:00 AM

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