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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. & 4 cc: NMCC-Artesia
cc: REC, File

I. **Operator**
Sinclair Oil & Gas Company

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

Reason(s) for filing (Check proper box)

| | | | | |
|---------------------|-------------------------------------|---------------------------|--------------------------|----------------------------------|
| New Well | <input type="checkbox"/> | Change in Transporter of: | | Other (Please explain) |
| Production | <input type="checkbox"/> | Oil | <input type="checkbox"/> | Assumed ownership effective |
| Change in ownership | <input checked="" type="checkbox"/> | Casinghead Gas | <input type="checkbox"/> | September 1, 1965 |
| | | Condensate | <input type="checkbox"/> | ALSO - change in lease name from |
| | | | | MAX FRIESS to Max Friess FO |

If change of ownership give name and address of previous owner **Fren Oil Co., 913 El Paso National Bank Bldg., El Paso, Texas**

II. DESCRIPTION OF WELL AND LEASE

| | | | |
|---------------------------|---------------------|--------------------------------|--------------------------------------|
| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease |
| Max Friess (FO) | 11 | Fren Seven Rivers | State, Federal or Fee Federal |
| Location | | | |
| Unit Letter I | 2310 | Feet From The South | Line and 430 |
| | | Feet From The East | |
| Line of Section 19 | Township 17S | Range 31E | N.M.P.M., Eddy 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"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Texas-New Mexico Pipeline Company | Box 1510, Midland, Texas | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Skelly Oil Company | P. O. Box 1650, Tulsa 2, Okla. | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
| | 0 | 19 | 17S | 31E | Yes | 7-1-60 |

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. |
| Date Applied | Date Comp. 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 |

I. 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

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 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