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SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE			Form C-104 Supersedes Old C-104 and C-110	
U.S.G.S.	AUTHORIZATION TO TRA	AND NSPORT OIL AND N	ATLIBAL CA	Effective 1-1-65	<b>j</b>
LAND OFFICE	AOTHORIZATION TO TRA	MASFORT OIL AND N			and the same
TRANSPORTER GAS /		Sinclair Oil C	erporation Mer	RECEIV	ED
OPERATOR /	SINCLAIR OIL CORPORA	Into Atlantic I	-	•	<b>~</b> 7
PRORATION OFFICE Operator	STORT OIL CORPORA			FEB 2.7 19	<u> </u>
Sinclair Oil & Gos Co	mpany	<u> </u>	CANAL TO SERVICE STREET, SERVI	O.C.C.	
P. O. Box 1920, Hobb					
Reason(s) for filing (Check proper box, New Well	/ Change in Transporter of:	Other (Please		ne wood corp	
Recompletion	Oil X Dry Ga	° 🖳 -		<u> </u>	
Change in Ownership	Casinghead Gas Conden	EFFECTIVE MARCH 1, 1967			
If change of ownership give name and address of previous owner		······································	<del></del>	74 - 74	
II. DESCRIPTION OF WELL AND	LEASE   Well No.   Pool Name, Including Fo	ormation	Kind of Lease		7 31-1
Fren Oil Co.	19 Cedar Lake Abo			or Fee Federal	Lease No. LC 031844
Location					1
Unit Letter I ; 16	50 Feet From The S Line	e and 990	_ Feet From Th	ne <u>E</u>	
Line of Section 19 Tov	wnship 17S Range	31E , NMPM,		Eddy	County
III. DESIGNATION OF TRANSPORT	FFR OF OIL AND NATURAL GA	s.			
Name of Authorized Transporter of Oil		Address (Give address to	which approve	d copy of this form is to	be sent)
	THE PERMIAN CORPORATION  Name of Authorized Transporter of Casinghead Gas  or Dry Gas		P. O. BOX 3119, MIDLAND, TEXAS 79701 Address (Give address to which approved copy of this form is to be sent,		
Skelly Oil Company		Box 207, Loco Hills, New Mexico			, ve sem,
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.  o 19 175 31E	Is gas actually connected Yes	d? When	4-2-62	
If this production is commingled wit	th that from any other lease or pool,	give commingling order	number:		
Designate Type of Completic	on - (X)	New Well Workover	Deepen	Plug Back   Same Res	v. Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	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 FOOL WELL	OR ALLOWABLE (Test must be a phile for this de	fter recovery of total volumenth or be for full 24 hours		nd must be equal to or e	xceed top allow-
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow,		, etc.)	
Length of Test	Tubing Pressure	Casing Pressure		Choke Size	
Actual Prod. During Test	Oil-Bbls.	Water - Bbis.		Gas - MCF	
CAS WELL	J	<u></u>			
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF		Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)		Choke Size	
VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION			
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	<u> </u>	367	19
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY 1. A. SNESSETT OF			

(Signature)

(Title)

(Date)

Superintendent

2-23-67

LLLID GAS INSPECTOR

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 only Sections I, II, III, and VI 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