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LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		
PRORATION 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

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OCT 1 1968

FEB 2 1968

I. OPERATOR		SINCLAIR OIL CORPORATION	
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	<input type="checkbox"/>	Change in Transporter of:	From McWood Corporation
Recompletion	<input type="checkbox"/>	Oil <input checked="" type="checkbox"/>	EFFECTIVE MARCH 1, 1967
Change in Ownership	<input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	
		Dry Gas <input type="checkbox"/>	
		Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE		Lease Name		Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease
Turner B		XX			65	Cedar Lake ABO	LC029395-6
Location		State, Federal or Fee Federal					
Unit Letter		N	330	Feet From The	South	Line and	1980
Line of Section		20	Township	17S	Range	31E	NMPM, Eddy
		County					

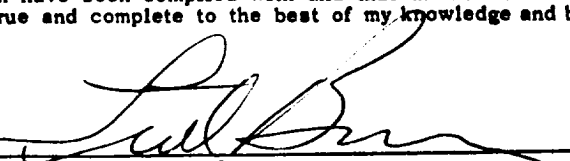
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
The Permian Corporation				P.O. Box 3119, Midland, Texas 79701	
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				Box 207, Loco Hills, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?
	B	29	17S	31E	Yes

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA		Designate Type of Completion - (X)		Oil Well	Gas Well	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					

VI. 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 (pilot, back pr.)		Tubing Pressure	Casing Pressure	Choke Size		

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED 1967, 19	
		BY W. A. Gressett	
Superintendent		TITLE OIL AND GAS INSPECTOR	
2-23-67		This form is to be filed in compliance with RULE 1104.	
(Date)		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 completed wells.	