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## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

Supersedes Old C-104 and C-110  
Effective 1-1-65

## REQUEST FOR ALLOWABLE

AND

## AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS RECEIVED

Orig&3cc: OCC, Artesia  
cc: Regional Office  
cc: file

FEB 23 1967

Operator		Sinclair Oil & Gas Company		ADDRESS OFFICE	
Address					
P. O. Box 1920, Hobbs, New Mexico 88240					
Reason(s) for filing (Check proper box)				Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:			
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead 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	029435(A)
J. L. Keel "A"		15	Grayburg Jackson	State, Federal or Fee	Federal
Location					
Unit Letter	E	1980	Feet From The	North	Line and 330
		Feet From The		West	
Line of Section	7	Township	17S	Range	31E
				NMPM,	addy
				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	P. O. Box 1510, 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	P. O. Box 207, Loco Hills, New Mexico 88255				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When
	B	7	17S	31E	Yes 2-25-67

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 (X)	Gas Well	New Well (X)	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
1-26-67	2-25-67		3625'		3618'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3715.9' GR	Grayburg Jackson		2869'		2872'			
Perforations Metex 2869-71-79-81', Premier 3017-24-27-41-45-47', Vacuum 3092-95-3100', Lovington 3173-79-80', Jackson 3311-14-23-26-47-51-54-3414-16-19-35-37-44-46-79-81-3560-3866 CASING AND CEMENTING RECORD					Depth Casing Shoe		3625'	
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8"OD		605'		300			
8-3/4"	7"OD		3625'		250 sacks cement & 100 gals. Laytex			

## 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)

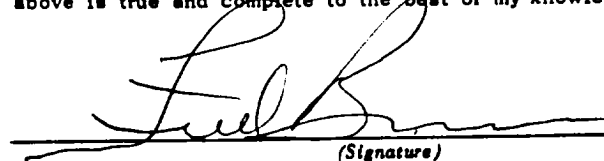
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
2-10-67	2-25-67	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	-	-	-
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
92 Bbls.	51	41	18

## 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)

February 27, 1967

(Date)

## OIL CONSERVATION COMMISSION

FEB 28 1967

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY W. A. GrissettTITLE REGIONAL DIRECTOR

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 completed wells.