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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
Orig&4cc: OCC, Artesia, New Mex.
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JAN 29 1968

| | | | |
|--|-------------------------------------|---------------------------|--------------------------|
| Operator SINCLAIR OIL & GAS COMPANY | | ARTESIA 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"/> |
| 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 Turner "B" | Lease No. | Well No. 79 | Pool Name, Including Formation Grayburg Jackson | Kind of Lease State, Federal or Fee Federal |
| Location Unit Letter K ; 1980 Feet From The West Line and 2050 Feet From The South 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"/> Texas New Mexico Pipeline Company | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas 79701 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Company | Address (Give address to which approved copy of this form is to be sent) P. O. Box 207, Loco Hills, New Mexico 88255 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit 0 | Sec. 17 | Twp. 17S | Rge. 31E | Is gas actually connected? Yes | When 1-25-68 |

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 1-3-68 | Date Compl. Ready to Prod. 1-25-68 | Total Depth 3530' | P.B.T.D. 3525' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation Grayburg Jackson | Top Oil/Gas Pay 2890' | Tubing Depth 2905' | | | | | |
| Perforations 2890' - 2929-30-31-44-45-46' - 3026-28-30-32-49-81-83-85' 3119-3124' | Depth Casing Shoe 3530' | | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | | SACKS CEMENT | | | | |
| 12-1/4" | 9-5/8"OD | 605' | | 350 sks. | | | | |
| 8-3/4" | 7"OD | 3530' | | 500 sks. | | | | |

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 1-25-68 | Date of Test 1-26-68 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 hrs. | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test 169 | Oil - Bbls. 67 | Water - Bbls. 102 | Gas - MCF 45 |

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.


(Signature)

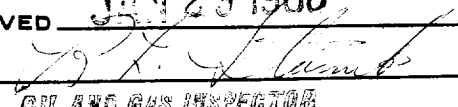
Superintendent

January 26, 1968

(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 29 1968, 19

BY 
OIL AND GAS INSPECTOR

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 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.