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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

I.

Operator Sinclair Oil & Gas Company	
Address 501 Lincoln Tower Building Denver, Colorado 80203	
Reason(s) for filing (Check proper box)	
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 Krause Federal WN	Well No. 5	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal
Location			
Unit Letter N ; 1190' Feet From The North Line and 1625' Feet From The West			
Line of Section 28 , Township 28 North Range 11 West , NMPM, San Juan County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Farmington, New Mexico		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990 Farmington, New Mexico		
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 28	Twp. 28N
	Rge. 11W	Is gas actually connected? No	When

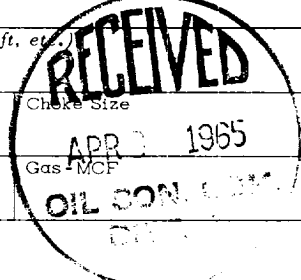
If this production is commingled with that from any other lease or pool, give commingling order number: **None**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 2-4-65	Date Compl. Ready to Prod. 3-6-65		Total Depth 6380'		P.B.T.D. 6345'			
Pool Basin Dakota	Name of Producing Formation Graneros-Dakota		Top Oil/Gas Pay 6199		Tubing Depth 6190			
Perforations Graneros 6224-27 & 6199-6206' Dakota 6283-6321'					Depth Casing Shoe 6403			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4	8-5/8" OD 21#		372		230 sz			
7-7/8"	4-1/2" 10.5#		6379'		1st Stage 400 sz			
2	2-3/8" 4.7# J-55		6190'		2nd Stage 625sz			

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 None	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.



GAS WELL

Actual Prod. Test-MCF/D 4735 MCF/D	Length of Test 24 hr	Bbls. Condensate/MMCF 40	Gravity of Condensate 60
Testing Method (pitot, back pr.) Pitot	Tubing Pressure 400	Casing Pressure 800	Choke Size 3/4

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.

Clyde C. Logon
(Signature)
Senior Clerk
(Title)
April 1, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED **APR 8 1965**, 19
Original Signed Emery C. Arnold
BY
TITLE **Supervisor Dist. # 3**

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 completed wells.