

NO. OF COPIES RECEIVED		7
DISTRIBUTION		
SANTA FE		1
FILE		1-
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		4
PRORATION OFFICE		

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 RECEIVED

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

FEB 21 1967

Operator Sinclair Oil & Gas Company ✓	
Address P. O. Box 1920, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Re-entry in <input type="checkbox"/>
Recompletion <input type="checkbox"/>	P&A Well <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Change in Transporter of:
	Oil <input type="checkbox"/>
	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name F. M. Robinson "B"	Lease No. Unit III	Well No. 18	Pool Name, including Formation Grayburg Jackson	Kind of Lease State, Federal or Fee Federal
Location				
Unit Letter O	660	Feet From The South	Line and 1980	Feet From The East
Line of Section 35	Township 17S	Range 29E	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 Pipe Line 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"/> None	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit 0
Sec. 35	Twp. 17S
Rge. 29E	Is gas actually connected? No
When To be connected when connected to permanent bttty.	

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 (X)	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 1-19-67	Date Compl. Ready to Prod. 2-19-67	Total Depth 3325'	P.B.T.D. 2680'					
Elevations (DF, RKB, RT, GR, etc.) 3537' GR	Name of Producing Formation Grayburg Jackson	Top Oil/Gas Pay 2594	Tubing Depth 2601'					
Perforations 2594-2601, 2623-2626, 2634-50'	Depth Casing Shoe 3325'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
Unknown	8-1/4"OD	509'	50 sacks
"	7"OD	1920-3152'	100 sacks
7"	4-1/2"OD	3325'	585 sacks

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)

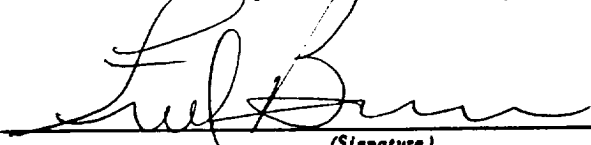
Date First New Oil Run To Tanks 2-18-67	Date of Test 2-19-67	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 0	Casing Pressure 0	Choke Size -
Actual Prod. During Test 15 bbls.	Oil-Bbls. 15	Water-Bbls. Trace	Gas-MCF 7

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

February 20, 1967

(Title)

(Date)

OIL CONSERVATION COMMISSION

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

BY   
TITLE OIL AND 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 completed wells.