STREET	ÒĪ	L 8	
Crerator	_	- SII	AC.
PRORATION OF	Ĭ		
OPERATOR	/		
I NAME ON LEN	GAS	1	
TRANSPORTER	OIL	1	
LAND OFFICE			
U.S.G.S.	ļ		
FILE	/-		
SANTA FE	/_		
DISTRIBUTIO			
NO. OF COPIES RECE	15		

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

1	FILE	/-		KEGGESTT	AND	Effective 1-1-65			
	U.S.G. S.			AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL GA	S			
	LAND OFFICE	1,			b				
	TRANSPORTER GAS	1		Sinclair Oil Corporation Mer	ged	ECEIVED			
	OPERATOR	1/		into Atlantic Richfield Compa offective March 4, 1969	•	-			
1.	PRORATION OFFICE					EB 27 1967			
	Crerator	SIN	4Cf	AIR OIL CORPORATION	OCT 1 1968	5 -			
	SINCIAIR OIL & GAS COMPANY				ARTERIA DE				
	P.O. BOX 1920, HOBBS, NEW MEXICO 88240								
	Reason(s) for filing (Check proper box) New We!1 Change in Transporter of: Change in Transporter of: Transporter of:								
	Becompletion Oil Dry Gas EFFECTIVE MARCH 1, 1967								
	Thange in Ownership Casinghead Gas Condensate IIIIIIII 19 1907								
	If change of ownership give and address of previous ow								
	•								
11.	DESCRIPTION OF WEL	L A	ND]	Lease No. Well No. Pool Nam	ne, Including Formation	Kind of Lease LC031844			
	Fren Oil Co. A			14 Grayb	ourg-Jackson	State, Federal or Fee Federal			
	Location				1.25	East.			
	Unit Letter P	_ ; _ (660	Feet From The South Line	e and 435 Feet From Ti	e East			
	Line of Section 1 Township 17-S Range 31-E , NMPM, Eddy County								
	Line of section 1								
III.	DESIGNATION OF TRA	NSP	OR	TER OF OIL AND NATURAL GA	S Address (Give address to which approve	ed copy of this form is to be sent)			
	The Permian (
	Name of Authorized Transpo	orter o	f Car	singhead Gas Cor Dry Gas	P.O. Box 3119, Midland, Texas 79701 Address (Give address to which approved copy of this form is to be sent)				
	Phillips Peti	role	eur	n Company	Phillips Building, Is gas actually connected? When	4th & Washington, Odessa, Texas			
	If well produces oil or liquid	is,		Unit Sec. Twp. Rge. A 1 17S 31E	Yes	11-1-63			
	give location of tanks.			<u></u>	<u></u>				
IV	If this production is commi	ingle	d wi	th that from any other lease or pool,		Plug Back Same Restv. Diff. Restv.			
	Designate Type of C	omp	letio	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.			
				Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Date Spudded								
	Elevations (DF, RKB, RT, C	GR, et	c. j	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
						Depth Casing Shoe			
	Perforations								
				TUBING, CASING, AND	CEMENTING RECORD				
	HOLE SIZE			CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
V.		UES	T F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil o	nd must be equal to or exceed top allow-			
	Oll, WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)								
						Choke Size			
	Length of Test			Tubing Pressure	Casing Pressure	Choke Size			
	Actual Prod. During Test			Oil-Bbls.	Water-Bbls.	Gas - MCF			
	Actual Prod. Daning 1991								
	GAS WELL Actual Prod. Test-MCF/D Length of Test			I comb of Tont	Bbls. Condensate/MMCF	Gravity of Condensate			
	Actual Prod. Test-MCF/D			Length of leaf					
	Testing Method (pitot, back	k pr.)		Tubing Pressure	Casing Pressure	Choke Size			
						TION COMMISSION			
VI. CERTIFICATE OF COMPLIANCE					OIL CONSERVATION COMMISSION				
	and the Cit Consequence			regulations of the Oil Conservation	APPROVED, 19				
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.			with and that the intormation gives		sett				
	shove is true and complete to the best of my knowledge and bester.			ie nest of må knowtende sun netter.	্ৰ - জন্ম সাল্ভ শাল্ভ শাল্ভ				
	Fast				TITLE				
_	- Lult	_	(Sie	nature)					
(Dignoture)					tests taken on the well in accordance with RULE 111.				

Superintendent

2-23-67

(Title)

(Date)

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 transporten or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.