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TRANSPORTER	OIL	
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OPERATOR		5
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

Orig⁴cc: OCC, Artesia
cc: Regional Office
cc: file

Sinclair Oil Corporation Merged
into Atlantic Richfield Company
effective March 4, 1969

I. Operator		SINCLAIR OIL CORPORATION Sinclair Oil & Gas Company		OCT 1 1968			
Address P. O. Box 1920, Hobbs, New Mexico 88240							
Reason(s) for filing (Check proper box)				Other (Please explain)			
New Well	<input type="checkbox"/>	Change in Transporter of:		Change in lease name to drop Tract No. 3			
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	J. L. Keel "B"	Lease No.		Well No.	22	Pool Name, Including Formation	Grayburg Jackson	Kind of Lease	State, Federal or Fee Federal
Location									
Unit Letter	L	1980	Feet From The	South	Line and	660	Feet From The	West	
Line of Section	5	Township	17S	Range	31E	NMPM,	Eddy	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input type="checkbox"/>	or Condensate	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
None									
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/>	or Dry Gas	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
None									
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When			

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations					Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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.

FM Singletor
(Signature)
Engineer
(Title)
October 5, 1967
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY *W. A. Gressitt*
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.