| | | · · · · · · · · · · · · · · · · · · · | cc: Regional Office |
|--|---|---|--|
| DISTRIBUTION SANTA FE | REQUEST F | NSERVATION COMMISSION | Form C-104 Supersedes Old C-104 and C-110 Elfoctive 1-1-65 |
| U.S.G.S. | AUTHORIZATION TO TRAN | AND ISPORT OIL AND NATURARQ | SC F. |
| LAND OFFICE | | | |
| TRANSPORTER GAS / | , | Sinclair Oil Corporation Merged Ante Atlantic Richfield Company | 22 2 1968 |
| PROPATION OFFICE SINCL | AIR OIL CORPORATION | ellective March 4, 1969 | `` |
| Sinclair Oil & Ga | | <u> </u> | EBIA. OFFICE |
| P. 0. Box 1920, H | lobbs, New Mexico 88240 | | |
| Reason(s) for filing (Check proper box) New Vell Recompletion | Change in Transporter of: Oil Dry Gas Lease name change from Turner B | | |
| Change in Ownership | Casinghead Gas Condens | ate show | - Correct lang tanks |
| If change of ownership give name and address of previous owner | , | | |
| I. DESCRIPTION OF WELL AND I | Lease No. Well No. Pool Nam | e, Including Formation | Kind of Lease |
| Turner B (A) | 52 Gray | burg Jackson (Q.G.SA) | State, Federal or Fee Federal |
| Unit Letter E ; 198 | 80 Feet From The North Line | and 660 Feet From T | he West . |
| Line of Section 29 Tow | rnship 17-S Range 31 | Edd , NMPM, Edd | y County |
| I. DESIGNATION OF TRANSPORT Name of Authorized Transporter of Off Texas New Mexico Pipel Name of Authorized Transporter of Cas Skelly Oil Company | ine Company or Dry Gas | P. O. Box 1510, Midlan Address (Give address to which approv P. O. Box 207, Loco Hi | d, Texas 79701 ed copy of this form is to be sent) lls, New Mexico 88255 |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. L 29 17S 31E | 1s gas actually connected? Whe | 6-1-60 |
| | h that from any other lease or pool, | <u> </u> | |
| Designate Type of Completion | Oll 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 | <u></u> |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | , | | |
| | | | |
| V. TEST DATA AND REQUEST FO | OR ALLOWABLE (Test must be a) able for this de | pth or be for full 24 hours) | and must be equal to or exceed top allow |
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas li | [t, etc.] |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |
| GAS WELL | <u> </u> | · · | |
| Actual Prod. Test-MCF/D | Length of Test | Bbis. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure | Casing Pressure | Choke Size |
| . CERTIFICATE OF COMPLIANCE | | OIL CONSERVATION COMMISSION | |
| I hereby certify that the rules and | regulations of the Oil Conservation with and that the information given | BY W. a. A. | , 19 |

(Signature)

(Title)

April 18, 1968 (Date)

Engineer

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.