Orig & 4cc: OCC - Artesia cc: Regional Office NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 SANTA FE REQUEST FOR ALLOWABLE FILE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS REELEH IV ED LAND OFFICE Sinclair Oil Corporation Merged TRANSPORTER Into Atlantic Richfield Company GAS AAPR 22 1968 effective March 4, 1969 OPERATOR PRORATION OFFICE SINCLAIR OIL CORPORATION DEC.C. Operator ABITEMAN DEVICE -Sinclair Oil & Gas Company Address 88240 P. O. Box 1920, Hobbs, New Mexico Reason(s) for filing (Check proper box) Other (Please explain) Lease name change from Turner B OH Recompletion Dry Gas I show correct loc, I tanks Change in Ownership If change of ownership give name and address of previous owner. DESCRIPTION OF WELL AND LEASE Pool Name, Including Formation ease No. Well No. Grayburg Jackson (Q.G.SA) State, Federal or Fee Turner B (B) 59 Federal Location North Line and 660 560 East Feet From The Unit Letter 29 17**-**S 31-E Eddy , NMPM, Line of Section Township Range County I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil X or Condensate P. O. Box 1510, Midland, Texas 79701 Texas New Mexico Pipeline Company Name of Authorized Transporter of Casinghead Gas 👗 or Dry Gas Address (Give address to which approved copy of this form is to be sent) P. O. Box 207, Loco Hills, New Mexico 88255 Skelly Oil Company P.ge. Is gas actually connected? Unit Twp. If well produces oil or liquids, give location of tanks. 29 31E Yes 6-1-60 175 B If this production is commingled with that from any other lease or pool, give commingling order numbers . COMPLETION DATA Same Res'v. Diff. Res'v Workover Plug Back Gas Well Oil Well New Well Deepen Designate Type of Completion -(X)Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Top Oll/Gas Pay Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Water - Bbls. Actual Prod. During Test Oil-Bhis. GAS WELL Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test-MCF/D Length of Test Casing Pressure Choke Size Testing Method (pitot, back pr.) Tubing Pressure OIL CONSERVATION COMMISSION I. CERTIFICATE OF COMPLIANCE APPROVED 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.

TITLE

(Signature) Engineer (Title) April 18, 1968

(Date)

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.