CC: Regional Office  NO COMMISSION  FORM C-104  Supersedes Old C-104 and C-11  Effective 1-16E  APR 2 2 1968  The second of the
APR 2 2 1900  The second secon
APR 2 2 1900  The second secon
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KSON (Q.G.SA)  State, Federal or Fee Federal  West  NMPM, Eddy County  Address to which approved copy of this form is to be sent)
KSON (Q.G.SA)  State, Federal or Fee Federal  West  NMPM, Eddy County  County  Caddress to which approved copy of this form is to be sent)  Address to which approved copy of this form is to be sent)  Address to which approved copy of this form is to be sent)  Caddress to which approved copy of this form is to be sent)  Caddress to which approved copy of this form is to be sent)  Caddress to which approved copy of this form is to be sent)  Caddress to which approved copy of this form is to be sent)  Caddress to which approved copy of this form is to be sent)  Caddress to which approved copy of this form is to be sent)  Caddress to which approved copy of this form is to be sent)  Caddress to which approved copy of this form is to be sent)  Caddress to which approved copy of this form is to be sent)  Caddress to which approved copy of this form is to be sent)  Caddress to which approved copy of this form is to be sent)  Caddress to which approved copy of this form is to be sent)  Caddress to which approved copy of this form is to be sent)  Caddress to which approved copy of this form is to be sent)  Caddress to which approved copy of this form is to be sent)  Caddress to which approved copy of this form is to be sent)  Caddress to which approved copy of this form is to be sent)  Caddress to which approved copy of this form is to be sent)
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ling order number:
ling order number:
Workover Deepen Plug Back Same Resty. Diff. Rest
P.B.T.D.
Pay Tubing Depth
Depth Casing Shoe
RECORD DEPTH SET SACKS CEMENT
ll 24 hours)
total volume of load oil and must be equal to or exceed top allo il 24 hours) whod (Flow, pump, gas lift, etc.)
ll 24 hours)

## NEW MEXICO OIL CONSERVATIO REQUEST FOR ALLOW

NO. OF COPIES RECLIVED

DISTRIBUTION SANTA FE FILE	NEW MEXICO OIL CONSERVATION COMMISSION  REQUEST FOR ALLOWABLE  AND  Supersedes Old C-104 and C-111  Effective 1-16				
U.S.G.S.	AND  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAR E C				
LAND OFFICE	Sinclair Oil C				
TRANSPORTER GAS	into Atlantic Ric	chileld Company	APR 2 2 1968		
OPERATOR /	0.0T 1 10CO 5. C.				
PRORATION OFFICE SINCLA	IR OIL CORPORATION	<u> </u>	ARTESIA OFFICE		
Sinclair Oil & G	29-Company				
.P. O. Box 1920, I	Hobbs, New Mexico 88240				
Reason(s) for filing (Check proper box)		Other (Please explain)			
New We!.	Change in Transporter of:		ange from Turner B		
Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Condens	sate + show correct	loc. of tanks		
If change of ownership give name and address of previous owner			<del></del>		
DESCRIPTION OF WELL AND	LEASE				
Lease Name	Lease No. Well No. Pool Nam	ne, Including Formation	Kind of Lease State, Federal or Fee Federal		
Turner B (A)	71 Gray	yburg Jackson (Q.G.SA)	State, redetat of ree redetal		
	60 Feet From The South Line	e and 660 Feet Fro	m The West		
	1 <i>7</i> C 21		dda		
Line of Section 29 Tov	wnship 17-S Range 33	L-L , NMPM, L	ddy County		
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S			
Name of Authorized Transporter of Oil	•		oroved copy of this form is to be sent)		
Texas New Mexico Pipe Nume or Authorized Transporter of Cas		P. O. Box 1510, Midl. Address (Give address to which app	proved copy of this form is to be sent)		
Skelly Gil Company			Hills, New Mexico 88255		
If well produces oil or liquids,	Unit Sec. Twp. Rge. L 29 17S 31E	Is gas actually connected?	When 6-1-60		
give location of tanks.	th that from any other lease or pool,	, I			
COMPLETION DATA			Plug Back   Same Res'v. Diff. Res'v.		
Designate Type of Completic	on - (X)   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.		
		Top Oil/Gas Pay	Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top On/Gds Pdy	rubing Bopin		
Perforations			Depth Casing Shoe		
	THE WAR AND THE AND	CEMENTING DECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
1044 3124					
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load	oil and must be equal to or exceed top allow-		
OIL WELL	able for this de	epth or be for full 24 hours) Producing Method (Flow, pump, ga			
Date First New Oil Run To Tanks	Date of lest	Producted Warner it tons bamb's an	• • • • • • • • • • • • • • • • • • • •		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
		Water-Bbls.	Gas-MCF		
Actual Prod. During Test	Oil-Bbls.	wdiet - Bbie.			
1					
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
Actual Prod. Test-MCF/D	Length of lest	Bate: Candensate Minior	diavity of constitution		
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size		
CERTIFICATE OF COMPLIAN	ice .	OIL CONSER	EVATION COMMISSION		
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	, 19		
Commission have been complied	with and that the information given ne best of my knowledge and belief.	By W. a. Bressett			
above to the one complete to the		TITLE	المعارض المعار		
		TITLE SERVICE	In compliance with numer 1104		
		11	in compliance with RULE 1104.		

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	(Sig	(nature)	
Er	igineer	•	

(Title) April 18, 1968

(Date)

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.