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LAND OFFICE			_
TRANSPORTER	OIL		
	GAS	/	
OPERATOR		2	
BOOD ATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Orig & Lcc: OCC-Hobbs

cc: Regional Office
Partners
Form C-104
Sugersedes Old C-104 and C-110
Effective 1-1-65

U.S.G.S.		AND '<	2.0
LAND OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	GAS
OIL	1		RECEIVED
TRANSPORTER GAS /			~/
OPERATOR 2]		SEP 25 1967
PRORATION OFFICE			
Operator			c. c. c.
Sinclair Oil &	Gas Company		ARTESIA, OFFICE
Address P. O. Box 1920	, Hobbs, New Mexico 8824	9	
Reason(s) for filing (Check proper box,		Other (Please explain)	
New We!l	Change in Transporter of:	Oliver in tease explains	
Recompletion	Oil Dry Gas	In itial Transport er	
Change in Ownership	Casinghead Gas Conden	sate	
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND		ne, Inglyding Formation	Kind of Lease
		ildeat	State, Federal or Fee Federal
Trigg-Federal L	C060122 1 1 G	designated (Morrow)	Federal
Unit Letter E ; 198	O Feet From The North Line	e and 660 Feet From	m . Maak
Unit Letter 15 ; 170	O reet from the <u>MOPLII</u> Line	e and <u>660</u> Feet From	n The West
Line of Section 27 Tow	waship 18 South Range 27	Fast. , NMPM,	Eddy County
DESIGNATION OF TRANSPORT			
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appr	roved copy of this form is to be sent)
None			
Name of Authorized Transporter of Cas			roved copy of this form is to be sent)
Phillips Petroleum Co	mpany Unit Sec. Twp. Rge.		ashington, Odessa, Texas
If well produces oil or liquids, give location of tanks.	i i i i i i		9–18–67
	 	Yes	, 10 01
If this production is commingled wit . COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res
Designate Type of Completion	\mathbf{x}	Х	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
12-29-66	3-26-67	9935	9900
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3425 GR	Morrow	9507	9732 Depth Casing Shoe
9781-89, 9792-95		•	9935
7101 07; 7172-75	TUBING CASING AND	CEMENTING RECORD	7722
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14"	11-3/4" OD	318	300
11"	8-5/8" OD	2500	1325
7-7/8"	4-1/2" OD	9935	675
	2-3/8" OD	9732	Tubing
. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a)		il and must be equal to or exceed top allo
OIL WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas	lift etc.)
Date First New Oil Aun 10 I daks	Date of Test	Froducting Method (1. sow) pump, gas	••,•, •••••,
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
GAS WELL		r'''	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
241	Tubing Pressure	Casing Pressure	Choke Size
Testing Method (pitot, back pr.)	†		
Back Pr.	2900	Packer OH CONSERV	7/64"
. CERTIFICATE OF COMPLIANCE	CE	OIL CONSER\	ATION COMMISSION
Thomby model to start the start of	engulations of the Oil Comments	APPROVED	
I hereby certify that the rules and a Commission have been complied w	vith and that the information given		/
above is true and complete to the	best of my knowledge and belief.	BY W. U. Gres	Selv
() () TITLE		TITLE	ं कर् वक ्षे हैं. भे
= $+$ $=$ $+$			
(Cincernal) well this form must be accompanie			
		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	
Superintenden	•	tests taken on the well in acc	cordance with RULE 111.
	tle)	All sections of this form	nust be filled out completely for allowells.
9_21_67		able on new and recompleted wells.	

(Date)

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.