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LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
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
Orig & 2cc: OCC - Artesia
cc: State Land Office, Santa Fe
Partners
Regional Office

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AUG 5 1966

O. C. C.

ARTESIA, OFFICE

Operator Sinclair Oil & Gas Company	
Address P. O. Box 1920, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Filed to show transporter of condensate.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <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 Hackberry Hills Unit	Lease No.	Well No. 1	Pool Name, including Formation Hackberry Hills Canyon Gas Undesignated	Kind of Lease State, Federal or Fee Federal
Location				
Unit Letter 0	2130	Feet From The East	Line and 880	Feet From The South
Line of Section 1	Township 22S	Range 25E	NMPM,	Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Famariss Oil & Refining Company	P. O. Box 980, Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Indian Hills Gas System Limited	1001 Americana Bldg., Houston, Texas 77002
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 0 1 22S 35E
Is gas actually connected?	When yes 9-16-66

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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 2-21-61	Date Compl. Ready to Prod. 8-15-61	Total Depth 11,536	P.B.T.D. 9,670					
Elevations (DF, RKB, RT, GR, etc.) 3573 DF	Name of Producing Formation Pennsylvanian	Top Oil/Gas Pay 9293	Tubing Depth 9622					
Perforations 9622-9654			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
20"	16"	100'		200				
13-3/4"	10-3/4"	2585'		750				
9-5/8"	7-5/8"	8373'		865				
6-3/4"	5-1/2"	8211-9723'		245				
	2-3/8"	9622		Tubing				

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 2841	Length of Test 21 hrs.	Bbls. Condensate/MMCF 101	Gravity of Condensate 61.5
Testing Method (pitot, back pr.) back pr.	Tubing Pressure 2156#	Casing Pressure -	Choke Size 17/64"

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.



Superintendent

(Title)

August 4, 1966

(Date)

OIL CONSERVATION COMMISSION

APPROVED **SEP 30 1966**, 19

BY **W. P. Gressett**

TITLE **OIL AND GAS INSPECTOR**

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