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TRANSPORTER	OIL 1 GAS
OPERATOR	6
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

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Orig & 2cc: OCC - Artesia  
cc: State Land Office, Santa Fe  
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Regional Office

AUG 5 1966

O. C. C.  
ARTESIA, OFFICE

I. Operator **Sinclair Oil & Gas Company** ✓

Address **P. O. Box 1920, Hobbs, New Mexico 88240**

Reason(s) for filing (Check proper box)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Request approval to truck to pipeline
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	approximately 430 bbls. condensate
	Dry Gas <input type="checkbox"/>	produced during testing of gas well.
	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>HACKBERRY HILLS UNIT</b>	Lease No.	Well No. <b>4</b>	Pool Name, including Formation <b>Undesignated</b>	Kind of Lease State, Federal or Fee <b>Federal</b>
Location				
Unit Letter <b>F</b>	<b>2310</b>	Feet From The <b>North</b>	Line and <b>1980</b>	Feet From The <b>West</b>
Line of Section <b>22</b>	Township <b>22S</b>	Range <b>26E</b>	, NMPM, <b>Eddy</b> 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)			
<b>Famariss Oil &amp; Refining Company</b>	<b>P. O. Box 980, Hobbs, New Mexico 88240</b>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<b>None - Gas flared to air during testing.</b>				
If well produces oil or liquids, give location of tanks.	Unit <b>F</b>	Sec. <b>22</b>	Twp. <b>22S</b>	Rge. <b>26E</b>
			Is gas actually connected? <b>No</b>	When To be connected when a purchaser is acquired

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 <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res <sup>v</sup> . <input type="checkbox"/>	Diff. Res <sup>v</sup> . <input type="checkbox"/>
Date Spudded <b>5-12-66</b>	Date Compl. Ready to Prod. <b>7-16-66</b>		Total Depth <b>10,500'</b>		P.B.T.D. <b>10,100'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3404' GR</b>	Name of Producing Formation <b>Canyon</b>		Top Oil/Gas Pay <b>10,049'</b>		Tubing Depth <b>9,982'</b>			
Perforations <b>10,061, 64, 69, 71, 74, 76, 87, 91'</b>					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"OD	916'	840 sacks
12-1/4"	9-5/8"OD	2600'	800
7-7/8"	5-1/2"OD	10500'	245
	2-3/8"OD	9982'	

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)

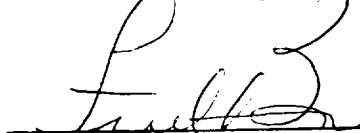
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D <b>125,856</b>	Length of Test <b>1 hr.</b>	Bbls. Condensate/MMCF <b>1.75</b>	Gravity of Condensate <b>57.4</b>
Testing Method (pitot, back pr.) <b>back pr.</b>	Tubing Pressure <b>2976#</b>	Casing Pressure <b>packer</b>	Choke Size <b>18/64"</b>

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.

  
(Signature)  
**Superintendent**  
(Title)  
**August 4, 1966**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **AUG 5 1966**, 19

BY **M. L. Armstrong**  
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 completed wells.