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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

Sinclair Oil Corporation Merged
into Atlantic Richfield Company,
effective March 4, 1968

Operator Sinclair Oil & Gas Company <i>effective 10-1-68</i>	
Address 501 Lincoln Tower Bldg., 1860 Lincoln St., Denver, Colorado 80203	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Santa Fe

Lease Name Hammond WN Federal	Well No. 1	Pool Name, Including Formation So. Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. 078480
Location				
Unit Letter <u>L</u> ; <u>1700</u> Feet From The <u>South</u> Line and <u>900</u> Feet From The <u>West</u> line				
Line of Section <u>25</u> Township <u>27North</u> Range <u>8 West</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
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)	
El Paso Natural Gas Co.	Box 990, Farmington, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge. Is gas actually connected? When
		Yes 1-29-54

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X			X	
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
			2210					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
5966.82 ground level	Pictured Cliffs		2103'		2108'			
Perforations					Depth Casing Shoe			
none					-			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
No change in casing.	2-3/8" OD		2108'					
					RECEIVED			
					MAY 24 1967			
					OIL CON. COM. DIST. 3			

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 greater than 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
4			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
900 MCFPD	6 hrs	-	-
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Pitot	425#	Shut off w/pkr @ 2010'	2" opn tubing.

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.

W. E. Brown
(Signature)

Chief Office Clerk

(Title)

May 22, 1967

(Date)

OIL CONSERVATION COMMISSION
MAY 24 1967

APPROVED _____, 19____

BY Original Signed by Emery C. Arnold

TITLE SUPERVISOR DIST. #3

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.

Frac Pictured cliffs open hole 2103-2210' w/60,000# 10-20 sand & 40,000 gal water w/
2 1/2"/1000 gal J-100 Friction Reducer, MP 1300#, Avg 900#, Avg Inf rate 96 BPM, Immed
shut down pr 1000#.