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TRANSPORTER	OIL	
	GAS	
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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

I. Operator
Sinclair Oil & Gas Company
Address
501 Lincoln Tower Bldg., 1860 Lincoln St., Denver, Colorado 80203
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of: ☐ Repair of indicated leak between
Recompletion ☒ Oil ☐ Dry Gas ☐ Gallup and Dakota formations.
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ Request for re-test.

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Schlusser W Federal	Well No. 1	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Federal Federal	Lease No. 27 078673
Location Unit Letter C ; 790 Feet From The North Line and 1980 Feet From The West Line of Section 10 Township 27 North Range 11 West , NMPM, San Juan 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"/> The Permian Corporation Permian (ET. 9 / 1 / 67)	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Farmington, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 30	Twp. 27N	Rge. 11W	Is gas actually connected? Yes	When 12/29/59

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.
		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D. 6797'					
Elevations (DF, RKB, RT, GR, etc.) 6249' OL	Name of Producing Formation Dakota	Top Oil/Gas Pay 6630'	Tubing Depth 6609'					
Perforations 6630-6666'	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
No change in casing	2-3/8" CB	6609'						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be at least 8 hours at test 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 1250 MCF/D	Length of Test 24 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Pitot	Tubing Pressure (shut-in) 24 hr at 950'	Casing Pressure (shut-in) 1450' at 950', 0F 0F	Choke Size Open 2"

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.

Area Supervisor (Signature)

September 12, 1967 (Date)

OIL CONSERVATION COMMISSION

SEP 14 1967

APPROVED _____

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.