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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	2
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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, 1969

Operator Sinclair Oil & Gas Company SINCLAIR OIL CORPORATION <i>effective 10-1-68</i>	
Address 501 Lincoln Tower Building, 1860 Lincoln Street, Denver, Colorado 80203	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input 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

Lease Name Hammond Federal WN FEDERAL	Well No. 5	Pool Name, including Formation South Blanco-Pictured Cliffs	Kind of Lease Federal State, Federal or Private FSR 079480
Location:			
Unit Letter D	1060	Feet From The North	Line and 1150
Line of Section 25		Township 27North	Range 8 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 type="checkbox"/> None	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"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 990 Farmington, New Mexico
If well produces oil or liquids, give location of tanks. None	Is gas actually connected? No When When E.P. completes lines

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"/>						
Date Spudded 11-8-65	Date Compl. Ready to Prod. 12-9-65	Total Depth 2275 TD	P.B.T.D. 2241'					
Pool South Blanco	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 2152'	Tubing Depth 2155'					
Perforations Pictured Cliffs - 2152-2161 & 2184-99' w/ 2 holes / ft			Depth Casing Shoe 2275'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	189' CM	175 sz w/2% CaCl					
6-3/4"	4-1/2"	2275'	200 sz Class "C"					
	2-3/8"	2155'						

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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

GAS WELL

Actual Prod. Test-MCF/D 2190 MCF/D	Length of Test 18 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Pitot	Tubing Pressure 105#	Casing Pressure 270#	Choke Size 3/4"

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.

M. E. Brown
(Signature)

Chief Office Clerk

(Title)

December 28, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED **DEC 29 1965**

BY **Original Signed Emery C. Arnold**

TITLE **Supervisor Dist. # 8**

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 Sections I, II, III, and VI only 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.