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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 BUILDING DENVER, COLORADO | |
| Reason(s) for filing (Check proper box) Other (Please explain) | |
| 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"/> |

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | |
|--|-----------------------------|---|---|
| Lease Name KRAUSE FEDERAL WN | Well No. 7 | Pool Name, Including Formation BASIN DAKOTA | Kind of Lease State, Federal or Fee FEDERAL |
| Location | | | |
| Unit Letter 0 | 1550 | Feet From The NORTH Line and 1450 | Feet From The EAST |
| Line of Section 32 | Township 28 North | Range 11 West | NMFM, 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"/> | Address (Give address to which approved copy of this form is to be sent) | | | | |
| McNee Corporation | Farmington, New Mexico | | | | |
| 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) | | | | |
| El Paso Natural Gas Company | P. O. Box 990 - Farmington, New Mexico | | | | |
| If well produces oil or liquids, give location of tanks. | Unit 0 | Sec. 32 | Twp. 28N | Rge. 11W | Is gas actually connected? When NO |

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"/> | | | | | |
| Date Spudded 2-25-65 | Date Compl. Ready to Prod. 3-9-65 | Total Depth 6525' | P.B.T.D. 6494' | | | | | |
| Pool BASIN DAKOTA | Name of Producing Formation GRANEROS-DAKOTA | Top Oil/Gas Pay 6343 | Tubing Depth 6345 | | | | | |
| Perforations | | | Depth Casing Shoe | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12-1/4 | 8-5/8 | | 345 | | 230 sz | | | |
| 7-7/8 | 4-1/2 | | 6,525 | | 1st stage 400 sz | | | |
| | 2-3/8 | | 6,345 | | 2nd stage 650 sz | | | |

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 NONE | 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 3130 MCF/D | Length of Test 24 hr | Bbls. Condensate/MMCF 40 | Gravity of Condensate 60 |
| Testing Method (pitot, back pr.) PITOT | Tubing Pressure 200# | Casing Pressure 700# | 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.

Walter L. Taylor
(Signature)
Supervisor
(Title)
April 13, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 13 1965, 19
BY Walter L. Taylor
Supervisor Dist. # 3
TITLE _____

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.