NO. OF COPIES RECEIVED			5
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SANTA FE		/	
FILE			
U.S.G.S.			1
LAND OFFICE			
TRANSPORTER	OIL GAS	-/-	
OPERATOR			
PRORATION OFFICE			<u> </u>
Operator Sinclair Address			
501 Linco	ln To	wer	Bu:
Reason(s) for filing	(Check)	orope	r box)
New Well			

Form C-104

SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL /	REQUE	EST FOR ALLOWABLE AND TRANSPORT OIL AND NATUR	Supersedes Old C-104 and C-11 Effective 1-1-65 AL GAS		
OPERATOR PRORATION OFFICE					
Sinclair Oil & Gas	Company				
501 Lincoln Tower B	ailding, Denver, Color	ado, 80203			
Reason(s) for filing (Check proper bo	x) Change in Transporter of:	Other (Please explain	,		
Recompletion	Cil 🔲 D	ry Gas			
Change in Ownership	Casinghead Gas C	ondensate			
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND	Well No. Po	ol Name, Including Formation	Kind of Lease		
Krause Federal WN	6 B	asin Dakota	State, Federal or Fee Federal		
Location Unit Letter B ; 99	5 Feet From The North	Line and 1590' Feet	From The		
İ		114	San Juan County		
Line of Section 🐉 , T	ownship 28 Range	, interest,			
. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL	L GAS	approved copy of this form is to be sent)		
Name of Authorized Transporter of C Methood Corporation	or Condensate	Farmington, New Mex	xi.co		
Name of Authorized Transporter of C			approved copy of this form is to be sent)		
El Paso Natural Gas		P. O. Box 990 Farm: e. Is gas actually connected?	When		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rg B 29 28 1				
If this production is commingled v	with that from any other lease or	pool, give commingling order number	er:		
. COMPLETION DATA	Cil Well Gas W	ell New Weil Workover Dee			
Designate Type of Complete		Total Depth	P.B.T.D.		
Date Spudded 3-12-65	Date Compl. Ready to Prod.	62601	62271		
Fool	Name of Producing Formation	Top Oil/Gas Pay 6078	Tubing Depth 6061		
Basin Dakota	Graneros-Dake ta	0010-	Depth Casing Shoe		
6078-851, 6100-071	, 6155-871		6256t		
HOLE SIZE	TUBING, CASING CASING & TUBING SIZE	, AND CEMENTING RECORD E DEPTH SET	SACKS CEMENT		
12-1/4"	8-5/8*	3711	230 Sx		
7-7/8"	4-1/2"	62561	1st stage 400 Sx 2nd Stage 625 Sx		
	2-3/8n	6061			
. TEST DATA AND REQUEST	FOR ALLOWABLE (Test mus	st be after recovery of total volume of l this depth or be for full 24 hours)	oad oil and must be equal to or exceed top all		
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump	o, gas lift, etc.)		
None			ectives		
Length of Test	Tubing Pressure	Casing Pressure	SECTIATO /		
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF MAX 1 4 1965		
			OH COM. COM.		
GAS WELL			OH SON. 3		
Actual Prod. Test-MCF/D	Length of Test	Bbls, Condensate/MMCF	Granty of Condensate		
Testing Method (pitot, back pr.)	24 hrs Tubing Pressure	Casing Pressure	Choke Size		
Pitot	250#	950#	3/4ª		
I. CERTIFICATE OF COMPLIA	ANCE		SERVATION COMMISSION		
I have by postify that the tules as	nd regulations of the Oil Conserv	APPROVED MAY 14	<u>1965 </u>		
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.		given (By Original Signed Emery C. Arnold		
above is true and complete to	and the second s	TITLE Supervisor Dist			
<u>, , , , , , , , , , , , , , , , , , , </u>	x \(\sigma \)	li .	iled in compliance with RULE 1104.		
Clyde (Jogan	TC this is a request f	for allowable for a newly drilled or deeper		
<i>,</i>	Signature)	well, this form must be a tests taken on the well	accompanied by a tabulation of the deviation accordance with RULE 111.		
Senier Clerk	(Title)	All sections of this able on new and recomp	form must be filled out completely for all leted wells.		
May 12, 1965		Fill out Sections I	II. III. and VI only for changes of own		
· • • • • • • • • • • • • • • • • • • •	(Date)	well name or number, or t	ransporter, or other such change of conditi		

able 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.

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