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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

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, 1964**

I. Operator **SINCLAIR OIL CORPORATION**
SINCLAIR OIL & GAS COMPANY *effective 10-1-68*
 Address **501 Lincoln Tower Building, 1860 Lincoln Street, Denver, Colorado**
 Reason(s) for filing (Check proper box)
 New Well Change in Transporter of: Oil Dry Gas
 Recompletion Casinghead Gas Condensate
 Change in Ownership Other (Please explain) **Request dated 6-28-65
 Incorrectly designated McWood Corp., as
 transported of condensate. Filed to
 correct transporter.**

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

II. DESCRIPTION OF WELL AND LEASE
 Lease Name **Maddox WN Federal** Well No. **4** Pool Name, Including Formation **Basin Dakota** Kind of Lease **Federal**
 State, Federal or Fee
 Location
 Unit Letter **M**; **990** Feet From The **South** Line and **990** Feet From The **West**
 Line of Section **24**, Township **30N** Range **13W**, NMPM, **San Juan** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
Plateau, Inc. Address (Give address to which approved copy of this form is to be sent)
Box 108 Farmington, New Mexico
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
El Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent)
P. O. Box 990, Farmington, New Mexico
 If well produces oil or liquids, give location of tanks. Unit **M** Sec. **24** Twp. **30N** Rge. **13W** Is gas actually connected? **No** When **None**

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.
 Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
 Pool Name of Producing Formation Top Oil/Gas Pay Tubing Depth
 Perforations Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD
 HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

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 Choke Size
 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
 Testing Method (pitot, back pr.) Tubing Pressure Casing Pressure Choke Size



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.

 Chief Office Clerk.

 (Title)

 (Date)
 OIL CONSERVATION COMMISSION
 APPROVED **SEP 1 1965**, 19 _____
 BY **Original Signed 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 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.