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	OPERATOR		1	
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DISTRIBUTION	!	L CONSERVATION COMMISSION	Form C-104
SANTA FE /	REQUE	ST FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65
FILE /		AND	
U.S.G.S.	AUTHORIZATION TO	TRANSPORT OIL AND NATURAL	GAS
LAND OFFICE			
TRANSPORTER OIL / GAS /			
OPERATOR /			
PRORATION OFFICE			
Operator Sinclair Oil &	Gas Company		
Address 501 Lincoln To	wer Building, Denver, Col	erade - 80203	
Reason(s) for filing (Check prope		Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil Dr	y Gas	
Change in Ownership	Casinghead Gas Co	ondensate	
If change of ownership give na and address of previous owner DESCRIPTION OF WELL A Lease Name Federal Haddex Will	AND LEASE Well No. Poo	l Name, Including Formation	Kind of Lease
	3 8	SETU DEKOCE	State, Federal or Fee Federal
Location	1035 North	1116	Tont
Unit Letter;	Feet From The	_Line andFeet From	n The East
Lina of Saction 24	Township 30 North Range	13 West , NMPM, S.	an Juan County
Line of Section	, Township JO HOF M Range	1) WOV , NMPM,	all full County
Name of Authorized Transporter McWood Corporation Name of Authorized Transporter El Paso Natural Ga	of Casinghead Gas or Dry Gas a Gompany	Farmington, New Mexic Address (Give address to which appr P. 0. Box 990 Farming	roved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge A 2h 308 13		viieri
If this production is comming! COMPLETION DATA	ed with that from any other lease or p	ool, give commingling order number:	
	Oil Well Gas We		Plug Back Same Res'v. Diff. Res'v.
Designate Type of Comp	oletion = (X)	XX	
Date Spudded 3-24-65	Date Compl. Ready to Prod.	Total Depth 66751	P.B.T.D. 6640
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Basin Dakota	Graneros-Dakota	65171	6615
Perforations Braneros 6517-33† Da	kota 6579-851, 6591-931,		Depth Casing Shoe
		AND CEMENTING RECORD	CACKE OFFICE
HOLE SIZE	CASING & TUBING SIZE	373°	SACKS CEMENT 230 Sacks
7-7/8*	0=5/6" ↓≈1/2*	667 L 1	lst Stage 400 Sacks
(-(/0-	4-4/6	oot#.	2nd Stage 650 Sacks
2	2-3/8*	66151	
			il and much be appelled to the state of the
TEST DATA AND REQUES	able for th	be after recovery of total volume of load o is depth or be for full 24 hours) Producing Method (Flow, pump, gas	il and must be equal to or exceed top allow
Date First New Oil Run To Tank	Date of Test	Froducing Method (Plow, pump, gas	OHLTIVEN
Length of Test	Tubing Pressure	Casing Pressure	Choke 5126 Land
•			# # N 2 9 108K
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - Mel 1 & 1903
			ny. com.∮
CAS WELL			Sec. 3
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
2492 NOFFD	24 Hrs	30	60
Testing Method (pitot, back pr.)	Tubing Pressure 1254 PTP 7 day SITP 1875	Casing Pressure 1254 FCP 7 day SICP 1875	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.

SENIOR CLERK

JUNE 4, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 99 1965 . 19 Original Signed Emery C. Arnold

Sapervisor 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.

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