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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

Operator SINCLAIR OIL & GAS COMPANY	
Address 501 Lincoln Tower Building, Denver, Colorado - 80203	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>
Recompletion <input type="checkbox"/>	Other (Please explain) Request dated 6-1-65. Incorrectly designated McWood Corp., as transporter of condensate. Filed to correct transporter
Change in ownership <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Haddox WN Federal	Well No. 2	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal
Location Unit Letter M , 1090 Feet From The South Line and 990 Feet From The West Line of Section 12 , Township 30N Range 13W , 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 checked="" type="checkbox"/>	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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	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. 12 Twp. 30N Rge. 13W	Is gas actually connected? No When _____

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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 3-9-65	Date Compl. Ready to Prod. 4-21-65		Total Depth 6640'		P.B.T.D. 6596'			
Pool Basin Dakota	Name of Producing Formation Graneros Dakota		Top Oil/Gas Pay 6424		Tubing Depth 6402			
Perforations 6424-34', 6490-96', 6504-35'					Depth Casing Shoe 6639'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/8" 7 7/8"	8 5/8" 4 1/2"		378 6639'		230 sz 1st stage 800 sz 2nd Stage 650 sz			
	2 3/8"		6402					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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-Bbls.

GAS WELL

Actual Prod. Test- MCF/D 2175 MCFPD	Length of Test 24 hrs	Bbls. Condensate/MMCF 20	Gravity 60
Testing Method (pitot, back pr.) Pitot	Tubing Pressure 150# FTP	Casing Pressure 600# FCP	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)

August 31, 1965
(Date)

OIL CONSERVATION COMMISSION
APPROVED SEP 1 1965
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.