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OPERATOR		/
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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

Sinclair Oil Corporation Merged  
into Atlantic Richfield Company  
effective March 4, 1969

I. Operator  
**SINCLAIR OIL & GAS COMPANY** **SINCLAIR OIL CORPORATION**  
*effective 10-1-68*

Address  
**501 Lincoln Tower Building, 1860 Lincoln Street, Denver, Colorado**

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>MADDOX "B" FEDERAL COM.</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Basin Dakota</b>	Kind of Lease State, Federal or Fee <b>Federal</b>
Location Unit Letter <b>N</b> ; <b>850</b> Feet From The <b>South</b> Line and <b>1630</b> Feet From The <b>West</b> Line of Section <b>13</b> , Township <b>30N</b> Range <b>13W</b> , NMPM, <b>San Juan</b> 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"/> <b>Platoon, Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 108, Farmington, New Mexico</b>		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>El Paso Natural Gas Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 990, Farmington, New Mexico</b>		
If well produces oil or liquids, give location of tanks.	Unit <b>N</b>	Sec. <b>13</b>	Twp. <b>30N</b>
		Rge. <b>13W</b>	Is gas actually connected? <b>No</b>
			When <b>When El Paso lines comp.</b>

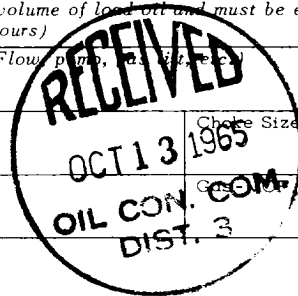
If this production is commingled with that from any other lease or pool, give commingling order number:

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 <b>7-11-65</b>	Date Compl. Ready to Prod. <b>9-26-65</b>	Total Depth <b>6607</b>	P.B.T.D. <b>6576</b>					
Pool <b>Basin Dakota</b>	Name of Producing Formation <b>Graneros-Dakota</b>	Top Oil/Gas Pay <b>6396</b>	Tubing Depth <b>6381</b>					
Perforations <b>Graneros 6396-6402 &amp; 6451-57'; Dakota 6473-6501</b>			Depth Casing Shoe <b>6606</b>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>12 1/4"</b>	<b>8 5/8"</b>	<b>361'</b>	<b>350 sacks</b>					
<b>7 7/8"</b>	<b>4 1/2"</b>	<b>6606'</b>	<b>1st st: 100 sacks total</b>					
	<b>2 3/8" CD</b>	<b>6381</b>	<b>2nd St: 650 sacks total</b>					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lost 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, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas



GAS WELL

Actual Prod. Test-MCF/D <b>3120</b>	Length of Test <b>17 hrs</b>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) <b>Pitot</b>	Tubing Pressure <b>200</b>	Casing Pressure <b>600</b>	Choke Size <b>3/4</b>

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. Braun*  
(Signature)

Chief Office Clerk

(Title)

October 12, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 14 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.