

NO. OF COPIES RECEIVED	7
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	3
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

Orig. & 4 cc: NMOCC-Artesia
 cc: REC, File

I. OPERATOR

Sinclair Oil & Gas Company

Address
P. O. Box 1920, Hobbs, New Mexico

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: Oil Dry Gas Assumed ownership effective
 Recompletion Oil Dry Gas **September 1, 1965**
 Change in Ownership Casinghead Gas Condensate **ALSO - change in lease name from**
MAX FRIESS TO Max Friess FO

If change of ownership give name and address of previous owner **From Oil Co., 913 El Paso National Bank Bldg., El Paso, Texas**

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Max Friess (FO)	Well No.	13	Pool Name, Including Formation	Grayburg Jackson	Kind of Lease	State, Federal or Fee Federal
Location	Unit Letter P ; 660 Feet From The South Line and 710 Feet From The East Line	Line of Section	19	Township	17S	Range	31E , NMPM, Bddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent)	P. O. Box 1510, Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Skelly Oil Company	Address (Give address to which approved copy of this form is to be sent)	P. O. Box 1650, Tulsa 2, Okla.
If well produces oil or liquids, give location of tanks.	Unit 0 Sec. 19 Twp. 17S Rge. 31E	Is gas actually connected?	Yes When 7-1-60

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	RECEIVED		OCT 15 1965		P.R.T.D.	
Pool	Name of Producing Formation	Top Oil/Gas Pay	ARTESIA, OFFICE		DEPTH SET		Tubing Depth	
Perforations	TUBING, CASING, AND CEMENTING RECORD		ARTESIA, OFFICE		DEPTH SET		SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE		ARTESIA, OFFICE		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.

[Signature]
 Superintendent
 (Title)
 October 11, 1965
 (Date)

OIL CONSERVATION COMMISSION

APPROVED **OCT 15 1965**, 19

BY *[Signature]*

TITLE *[Signature]*

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.