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## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE. AND

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Sinclair Oil & Gas Company P. O. Box 1920, Hobbs, New Mexico 88240 Other (Please explain) Reason(s) for filing (Check proper box) New Well Change in Transporter of: Additional oil transporter. Dry Gas Recompletion Casinghead Gas Condensate Change in Ownership If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Legse No. Fee Cato San Andres State, Federal or Fee 1 L. C. Harris. Location East South 1980 Feet From The Feet From The \_Line and Chaves 30E 88 County 15 , NMPM, Range Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent)

Box 900 Dallas, Texas (Attn: Mr. Don Kennedy)

Box 319 Midland, Texas (9701

Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Cor

Mobil Pipe Line Company

The Permian Corporation

Name of Authorized Transporter of Casinghead Gas or Dry Gas None Is gas actually connected? When Unit If well produces oil or liquids, give location of tanks. 88 30E No 15 P If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Res'v. Diff. Res'v Plug Back Gas Well New Well Oil Well Designate Type of Completion -(X)P.B.T.D. Total Depth Date Compl. Ready to Prod. Top Oil/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE SIZE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks Choke Size Casing Pressure Tubing Pressure Length of Test Gas - MCF Water - Bble. Actual Prod. During Test Oil-Bbls. **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D Choke Size Casing Pressure Tubing Pressure Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION 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.

VI. CERTIFICATE OF COMPLIANCE

(Signature

Superintendent

(Title)

September 13, 1967

(Date)

APPROVED.	3,11	, 19	
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BY	SIGNUO		
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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 only Sections I, II, III, and VI 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

