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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

Orig&3cc: OCC, Artesia
dc: Regional Office
cc: Tenneco Oil Co.
cc: file

RECEIVED

MAY 19 1967

Operator Sinclair Oil & Gas Company		P. C. C. ARTESIA, OFFICE	
Address P. C. Box 1920, Hobbs, New Mexico 88240			
Reason(s) for filing (Check proper box)		Other (Please explain)	
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"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name L. C. HARRIS	Lease No.	Well No. 1	Pool Name, Including Formation Undesignated - San Andres	Kind of Lease State, Federal or Fee	Fee
Location Unit Letter I ; 1980 Feet From The South Line and 660 Feet From The East					
Line of Section 15 Township 8S Range 30E, NMPM, Dhaves 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"/> Scurlock Oil Company	Address (Give address to which approved copy of this form is to be sent) 428 Mid-America Bldg., Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 15	Twp. 8S	Rge. 30E	Is gas actually connected? No	When To be connected when permanent Btty is set.

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 (X)	Gas Well	New Well (X)	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-5-67	Date Compl. Ready to Prod. 5-16-67	Total Depth 3700'		P.B.T.D. 3666'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation San Andres	Top Oil/Gas Pay 3479'		Tubing Depth 3433'					
Perforations 3479-81-83-85-99-3513-15'		Depth Casing Shoe 3695'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
11"	8-5/8"OD		452'		300				
6-3/4"	4-1/2"OD		3695'		350				
	2-3/8"OD		3433'		None				

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 5-16-67	Date of Test 5-17-67	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 6 hrs.	Tubing Pressure 75#	Casing Pressure Pkr	Choke Size 24/64"
Actual Prod. During Test 51 Bbls.	Oil - Bbls. 51 Bbls.	Water - Bbls. 0 Bbls.	Gas - MCF TSTM

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)
May 18, 1967
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
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 completed wells.

