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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

## REQUEST FOR ALLOWABLE HOBBS OFFICE O. C. C. Supersedes Old C-104 and C-110 Effective 1-1-65

## AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Orig<sup>2</sup> Rec: OOC, Hobbs  
cc: Regional Office  
cc: Pantear  
cc: file

JUN 8 1 43 PM '67

Operator Sinclair Oil & Gas Company	
Address P. C. Box 1220, Hobbs, New Mexico 88240	
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"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead 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 L. C. HARRIS	Lease No. 3	Well No. 3	Pool Name, Including Formation Undesignated - San Andres Ext.	Kind of Lease State, Federal or Fee	Fee
Location Unit Letter <u>P</u> , <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>15</u> Township <u>8S</u> Range <u>30E</u> , NMPM, <u>Chaves</u> 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) 423 Mid-America Bldg., Midland, Tex. 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" 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 P	Sec. 15	Twp. 8S	Rge. 30E	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 (X)	Gas Well	New Well (X)	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-28-67	Date Compl. Ready to Prod. 6-6-67	Total Depth 3650'	P.B.T.D. 3611'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation San Andres Ext.	Top Oil/Gas Pay 3472	Tubing Depth 3307'					
Perforations 3472-76-81-84-89-90-92-94-96-99-3504-05-07 and 3546-47-48-49-50-62-63-64'	Depth Casing Shoe 3650'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"OD	457'	300					
7-7/8"	4-1/2"OD	3650'	350					
	2-3/8"OD	3307'						

## 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 6-5-67	Date of Test 6-6-67	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 8 hours	Tubing Pressure 150#	Casing Pressure 0#	Choke Size 24/64"
Actual Prod. During Test 128 Bbls.	Oil - Bbls. 91 Bbls.	Water - Bbls. 37 Bbls.	Gas - MCF 54

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

## OIL CONSERVATION COMMISSION

APPROVED

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.

(Signature)

Superintendent

(Title)

June 6, 1967

(Date)