NO. OF COPIES REC	İ		
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SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
TRANSPORTER	GAS		
OPERATOR			
PRORATION OF			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE O. C. C.

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

U.S.G.S.	AUT	HORIZA	NOITA	TO TRA	ANSPORT	3011 AND 1	IATUR	AL GAS	}		
LAND OFFICE	Oriak	4cc: (OCC F	dobbs	JUN 1.	3 11 42 1	am 267				
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GAS			artn		1100						
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PRORATION OFFICE	<u> </u>										
SINCLAIR OIL &	CAS COM	PANY									
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P. 0. Box 1920,	Hobbe	Now 1	deric.	882	<i>1</i> .0						
		1104 1									
Reason(s) for filing (Check proper box)						Other (Please	explain)				
New Well	Change	in Trans	sporter o	f:							
Recompletion	Oil		\vdash	Dry Go	ıs 📙 🗎						
Change in Ownership	Casing	head Gas		Conde	nsate						
// -t											
If change of ownership give name and address of previous owner								<u>.</u>			
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DESCRIPTION OF WELL AND I	LEASE				1 / /	مستريح مستري		1 2			
Lease Name	Lease	No.	Well No.			ng Formation		T7'A	ind of Lea		Fee
L. C. HARRIS			4	una es	1gnat ed	San Ar	ares	EXT S	tate, Feder	al or Fee	- 60
Location			•			6	328	9			
Unit Letter J ; 198	80 Feet F	rom The	Sou	${ t th}_{Lir}$	$_{ m ne}$ and 1	.980 🔼		rom The	Fas.	t	
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Line of Section 15 Tow	_{vnship} 8	S	B	ange	30E	, NMPM,			Ch	aves	County
DESIGNATION OF TRANSPORT	TER OF OI	IL AND	NATU	RAL GA	\s						
Name of Authorized Transporter of Oil	or or	Condens			Address (Give address t					
Scurlock Oil Company					428 M	lid-Americ	ca Blo	ig., M	idland	, Tex.	79701
Name of Authorized Transporter of Cas	inghead Gas	ot ot	Dry Ga	s 🗔	Address (Give address t	o which o	pproved	copy of thi	is form is t	be sent)
None					İ						
	T							7			
	Unit S	ec.	Twp.	P.ge.	is gas act	tually connecte	d?	When			
If well produces oil or liquids, give location of tanks. If this production is commingled wit COMPLETION DATA	P	any other	8S er lease	or pool,	No give comm	ningling order	number	:	lua Bash	San Ban	Diff Ban
give location of tanks. If this production is commingled wit COMPLETION DATA Designate Type of Completio	th that from on - (X)	any other	8S er lease	30E	No give comm	workover		n P	lug Back	Same Res	v. Diff. Res
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VI.

Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)

Superint endent (Title)

June 13, 1967

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BY.	()(*), v				
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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.

TITLE __