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DISTRIBUTION		ONSERVATION COMMISSIOL	5
SANTAF		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-1.
FILE		AND HOLE EC FICE	G. C. C. Effective 1-1-65
u.s.g.s.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURA	I GAS Orig & 4cc: Occ - no
LAND OFFICE		Aug 19 9 20	su : c7 cc: Regiona
IRANSPORTER OIL		AUG 1:1 3 20	Ar 0/ Office
GAS			
OPERATOR			
PRORATION OFFICE			
Cperator	_		
Sinclair Cil &	Gas Company	=	
Address			
	Hobbs, New Mexico 88240	101 (0)	·····
Reason(s) for filing (Check proper		Other (Please explain)	
New Well	Change in Transporter of: Oil X Dry Ga	s Effective Aug	mist. 11 1967
Recompletion		7	5400 11, 1/01
Change in Ownership	Casinghead Gas Conder	asate	
If change of ownership give nam	e		
and address of previous owner_			
DESCRIPTION OF WELL AS		me, Including Formation	Kind of Lease
Lease Name		*	_
L. C. Harris	6 Cate	o San Andres	State, Federal or Fee Fee
Location	60 North	1980 Feet Er	East
Unit Letter B; 6	60 Feet From The North Lin	e andFOO Feet Fr	rom The
Line of Section 22	Township 85 Bange	30E . NMPM.	Chaves County
Line of Section 22	Township OD Range	, NMPM,	County County
EDECACE AMERICAL OF THE ANICH	DOWNER OF OUR AND MATERIDAL CO	a	
Name of Authorized Transporter of	ORTER OF OIL AND NATURAL GA	Address (Give address to which a	pproved copy of this form is to be sent)
Mobil Pipe Line		P. O. Box 900, Dalla	pproved copy of this form is to be sent) as, Texas 75200
Name of Authorized Transporter of		Attn: Mr. Don Kenn	EQY pproved copy of this form is to be sent)
None	o. b., oab	1	, , , , , , , , , , , , , , , , , , ,
10110	Line Son i Thun Boo	Is gas actually connected?	When
If well produces oil or liquids,	Unit Sec. Twp. Rge. P 15 8S 30E	No	, when
give location of tanks.	1 1) 00 700	1.0	·
If this production is commingled	with that from any other lease or pool,	give commingling order number:	
COMPLETION DATA		- 	Plug Back Same Res'v. Diff. Res'v
Designate Type of Compl	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty
	A	1	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D. 3611!
6-1?-6?	6 - 26 -67	3650 ¹	
Elevations (DF, RKB, RT, GR, etc.		Top Oil/Gas Pay	Tubing Depth 3384*
4159' GR	San Andres	3459'	
	-78-79-84-89-91-94-951		Depth Casing Shoe
3534 -36-3 9	<u>-1:-45-47-50-54-57*</u>		36481
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/29	8-5/8"OD	2751	200
7-7/8	4-1/2"OD	36481	275
	2-3/8"OD	33841	<u> </u>
TEST DATA AND REQUEST	FOR ALLOWARIE (Test must be a	fter recovery of total volume of load	oil and must be equal to or exceed top allou
OIL WELL		pth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, go	is lift, etc.)
		: :	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
		:	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
İ		:	
1		A	
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
, -		1	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
ODDWYDYO AME OR COLUMN	ANCE	OU CONSET	NATION COMMISSION
CERTIFICATE OF COMPLI	ANCE	OIL CONSER	RVATION COMMISSION
		APPROVED	, 19
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.		, 13	
		6	
yr	/	TITLE	
2 1/1		This form is to be filed in compliance with RULE 1104.	
Jan Jan Carin		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened	
(Signature)		well, this form must be acco	mpanied by a tabulation of the deviation
Swerinten	-	tests taken on the well in a	ccordance with RULE 111.
	(Title)	All sections of this form able on new and recompleted	n must be filled out completely for allow d wells.
August 9,			I, II, III, and VI for changes of owner
	(Date)	well name or number, or trans	porter, or other such change of condition

Separate Forms C-104 must be filed for each pool in multiply completed wells.

(Date)