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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
Orig⁴cc: OCC, Hobbs, N.M.
cc: Regional Office
cc: Partner
cc: file

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65
JUL 6 10 02 AM '67

Operator SINCLAIR OIL & GAS COMPANY	
Address P. O. 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"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead 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. 7	Well No. 7	Pool Name, Including Formation Cato-San Andres Undesignated-Cato-San Andres	Kind of Lease State, Federal or Fee	Fee
Location Unit Letter G 1980 Feet From The North Line and 1980 Feet From The East Line of Section 22 Township 8S Range 30E, NMPM, Chaves 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 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)	(X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6-26-67	Date Compl. Ready to Prod. 7-4-67	Total Depth 3650'		P.B.T.D. 3592'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation San Andres	Top Oil/Gas Pay 3477'		Tubing Depth 3399'					
Perforations 3477-79-83-85-87-89-91-94 & 3526-34-36-38-40-53-55-57-59-66'				Depth Casing Shoe 3648'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
11"	8-5/8"OD	280'		200					
7-7/8"	4-1/2"OD	3648'		275					

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 7-4-67	Date of Test 7-5-67	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 6 hrs.	Tubing Pressure 50#	Casing Pressure 0	Choke Size 3/4"
Actual Prod. During Test 95	Oil-Bbls. 55	Water-Bbls. 40	Gas-MCF 23

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.


Superintendent
July 6, 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.