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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
Orig&cc: OCC, Hobbs
cc: Regional Office
cc: Partner
cc: file

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

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. 8	Well No. 8	Pool Name, Including Formation Undesignated-Cato-San Andres	Kind of Lease Estate, Federal or Fee	Fee
Location					
Unit Letter 0	660	Feet From The South	Line and 1980	Feet From The East	
Line of Section 15	Township 8S	Range 30E	, NMPM,		Chaves County

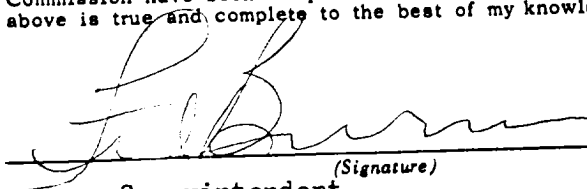
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Scurlock Oil Company	428 Mid-America Bldg., Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
None						
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 7-3-67	Date Compl. Ready to Prod. 7-12-67	Total Depth 3650'	P.B.T.D. 3614'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation San Andres	Top Oil/Gas Pay 3465'	Tubing Depth 3385'					
Perforations 3465-69-72-75-79-82-84-86' 3529-31-33-39-50-54-60-61'	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	282'	200					
7-7/8"	4-1/2"OD	3650'	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 7-12-67	Date of Test 7-13-67	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 8 hrs.	Tubing Pressure 40#	Casing Pressure 0#	Choke Size 24/64"
Actual Prod. During Test 90 Bbls.	Oil-Bbls. 59	Water-Bbls. 31	Gas-MCF 28

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	(Signature)
July 13, 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.	