NO. OF COPIES RECEIVED										
DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION						Form C-104		
SANTA FE			REQUEST		LOWABLE			Supersedes 0 Effective 1-1		ind C-11
FILE		AND Effective 1-1-65								
U.S.G.S.	AUTH	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								
LAND OFFICE	Orige	dicc:	OCC, Hobb	S						
TRANSPORTER			Regional							
GAS			file							
OPERATOR		•	1110			, w.		-		
PRORATION OFFICE										
Cperator		···								
SINCLAIR OIL	CORPORATION	4								
Address					 					
F. C. Box 19	20 Hobbe N	Jaw Mar	cico 8824	0						
Reason(s) for filing (Check prope		vew riez	CICO OOZA	<u> </u>	Other (Please	avalain				
					Office (1 tease	explain)				
New Well	_	in Transp	-	<u></u>						
Recompletion.	Oil	ĺ	Dry G	ıs 🔚	7.					
Change in Ownership	Casingh	end Gas	Conde	nsate	first r	eport o	casi	nghead ga	as tran	spor
If change of ownership give na and address of previous owner										
DESCRIPTION OF WELL A	ND LEASE									
DESCRIPTION OF WELL A		No. W	-11 NI- 1 IN1 NI-	me Includi	ng Formation .		Kind e	f Lease		
Legge Adme										
Lease Name	_						State	Federal or Fed	Fode	
Winkler Federal	_				n Andres		State,	Federal or Fee	Fe d e	eral
Winkler Federal						······································	State,	Federal or Fee	Fe d e	eral
Winkler Federal				to - Sa	n Andres	Feet From			∍ Fe d e	eral
Winkler Federal Location Unit Letter P;			1 Ca	to - Sa	n Andres	Feet From			e Fe d e	eral
Winkler Federal			1 Ca	to - Sa	n Andres					County
Winkler Federal Location Unit Letter P;	660 Feet Fr		1 Car	to - Sa	un Andres 660			South		
Winkler Federal Location Unit Letter P ; Line of Section 29	660 Feet Fi	rom The_	l Ca	to - Sa ne and 30E	n Andres 660	,	The	South Chaves	3 (County
Winkler Federal Location Unit Letter P; Line of Section 29 DESIGNATION OF TRANSI	660 Feet Fr	rom The_	Lir	to - Sa ne and 30E	un Andres 660	,	The	South Chaves	3 (County
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V. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL Date First New Oil Run To Tanks	Date of Test		Producing Method (Flow, pump, gas lift, etc.)			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF			
Actual Floar Balling 1001	0.1. 22.13.					

GAS WELL						
Actual Prod. Test-MCF/D	Length of Test	Bbis, 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.

(Signature) Superintendent (Title) October 18, 1968 OIL CONSERVATION COMMISSION

APPROVED 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.