## NO. OF COPIES RECEIVED DISTRIBUTION EW MEXICO OIL CONSERVATION COMMISSIC SANTA FE REQUEST FOR ALLOWABLE FILE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS u.s.g.s LAND OFFICE Orig & 4cc: OCC, Hobbs, N.M. OIL cc: Regional Office TRANSPORTER GAS cc: Bell Pet. Co. OPERATOR cc: File PRORATION OFFICE SINCLAIR OIL & GAS COMPANY P. O. Box 1920, Hobbs, New Mexico 88240 Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: Dry Gas OII Recompletion Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner Pool Name, Including Formation State, Federal or Fee NM 0155494-II. DESCRIPTION OF WELL AND LEASE Well No. Lease No. 1 Winkler Federal Feet From The South 660 P 660 Line and

88

29

Date Compl. Ready to Prod.

Name of Producing Formation

If this production is commingled with that from any other lease or pool, give commingling order number:

Oil Well

8-27-67

San Andres

CASING & TUBING SIZE

-8-5/8"OD

4-1/2"OD 2-3/8"OD

Date of Test

Oil-Bbls.

Tubing Pressure

Length of Test

Tubing Pressure

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

(Title)

Superintendent

August 29, 1967

8-28-67

None

63

(X)

Township

Unit

P

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Perforations 3359-67-70-871 and 3434-52-56-63-671

TEST DATA AND REQUEST FOR ALLOWABLE

30E

Range

30E

No

TUBING, CASING, AND CEMENTING RECORD

New Well

(X)

Total Depth 38001

Top Oil/Gas Pay

Casing Pressure

Bbls. Condensate/MMCF

Casing Pressure

Water - Bbis.

33591

or Dry Gas

Twp

88

, NMPM,

Is gas actually connected?

Workover

DEPTH SET

2901

35541

Producing Method (Flow, pump, gas lift, etc.)

Swabbed

None

15

(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)

29

Name of Authorized Transporter of Oil

Name of Authorized Transporter of Casinghead Gas

Designate Type of Completion -(X)

Scurlock Oil Company

Elevations (DF, RKB, RT, GR, etc.)

HOLE SIZE

12#"

7-7/8"

Date First New Oil Run To Tanks

8-27-67

Length of Test 10 Hours

Actual Prod. During Test 78

Actual Prod. Test-MCF/D

Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

If well produces oil or liquids, give location of tanks.

IV. COMPLETION DATA

Date Spudder 8-17-67

OIL WELL

**GAS WELL** 

Line of Section

Supersedes Old C-104 and C-110

Effective 1-1-65

East

Address (Give address to which approved copy of this form is to be sent)

428 Mid-America Bldg. Midland. Texas 79701
Address (Give address to which approved copy of this form is to be sent)

When

P.B.T.D

Chaves

Plug Back | Same Restv. Diff. Restv.

SACKS CEMENT

35271

32821

200

Depth Casing Shoe 35541

Choke Size

Gge - MCF

Choke Size

TSTM

Gravity of Condensate

County

				UCCIONI
	OIL CO	NSERVAT	ION COMM	11551ON
PPROYI	<b>=</b> 11	``		, 19
	i			•
×				
ITLE		<u> </u>		

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.