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(Date)

	DISTRIBUTION SANTA FE		ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110
	FILE		AND	Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	SAS
	LAND OFFICE	ND OFFICE		
	TRANSPORTER OIL			
	GAS			
	OPERATOR			
I.	PRORATION OFFICE			
	Operator			
	Sinclair Oil & Gas Company			
	Address			
	P. C. Box 1920, Hobbs, New Mexico 88240			
	Reason(s) for filing (Check proper box) Other (Please explain)			
	New We!l X Change in Transporter of:			
	Recompletion OII Dry Gas			
	Change in Ownership Casinghead Gas Condensate			
	Yf all and formal state of the same of			
	If change of ownership give name and address of previous owner			
H.	DESCRIPTION OF WELL AND			
	Lease Name	Lease No. Well No. Pool Nan	me, Including Formation	Kind of Lease
	Winkler Federal NM 015	5494 (a) 8 Unide	esignated R-3756	State, Federal or Fee Federal
	Location	•		
	Unit Letter I 66	O' Feet From The East Lin	e and 1980 Feet From	The South
	Omit Letter			
	Line of Section 29 Taw	vnship 8-S Range	30-E , NMPM, Cha	ves County
111	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	AS	
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro	ved copy of this form is to be sent)
	The Permian Corpo		P. O. Box 3119. Midland	d. Texas 7970l
	Name of Authorized Transporter of Cas		Address (Give address to which appro	ved copy of this form is to be sent)
	None			
		Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en
	if well produces oil or liquids,		NO	•
	give location of tanks. L 28 85 30E NO			
	If this production is commingled with	th that from any other lease or pool,	give commingling order number:	
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deeper	Plug Back Same Resty. Diff. Resty.
	Designate Type of Completic		How well workers.	
			X	P.B.T.D.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B. 1.D.
	11-15-67	11-23-67	3535 1 Top Oil/Gas Pay	350/, †
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	1	-
	4114' GR	San Andres	2627 '	3260'
	Perforations			Depth Casing Shoe
	3330, 38, 48, 51, 53, 56, 61, 68, 71 & 3399, 3403, 05, 07, 09, 11, 13'			
		TUBING, CASING, AND	CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	12 1/4"	8 5/8" OD	2821	200
	7 7/8"	4 1/2" OD	35351	300
		2 3/8" OD	32601	Tubing
	MANUAL PROVIDENCE	OP ALLOWARIE (Test must be a	ofter recovery of total volume of load oil	and must be equal to or exceed top allow
٧.		able for this de	epth or be for full 24 hours)	
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)
	11-22-67	11-23-67	Flow	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	1	150	0	1/2"
	8 hrs. Actual Prod. During Test	Cil-Bbls.	Water - Bbls.	Gas-MCF
	126	97	29	TSTM
	120	1 /1		
	GAS WELL	t another of Trans	Bbls. Condensate/MMCF	Gravity of Condensate
	Actual Prod. Test-MCF/D	Length of Test	Date. Condensate vision	Secretary of Condensate
			Garden Dana	Choke Size
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
		<u> </u>		
VΙ	CERTIFICATE OF COMPLIANCE		OIL CONSERVA	ATION COMMISSION
~ =				
	Thereby casify that the sules 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 belie		BY	
			THE This form is to be filed in compliance with RULE 1104.	
	I/1.			
- hut XIII I was			to this is a request for allowable for a newly drilled or deepened	
/	(Signature)		well, this form must be accomp tests taken on the well in acco	anied by a tabulation of the deviation
	Superintenden		tests taken on the well in acco	number with RULE (III)
		itle)	All sections of this form mable on new and recompleted w	ust be filled out completely for allow-

able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, weil 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.