NO. OF COPIES RECEIVED			•				
DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	Form C - 164				
SANTA FE		FOR ALLOWABLE	Supersedes Old (-10) and (-1				
FILE		AND	Effective (-) or				
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATUE	RAL GAS				
OIL	Origelic: OCC, Hobb	S .	1 72 77 37				
TRANSPORTER GAS	cc: Regional	Office					
OPERATOR	cc: State Lan						
PROBATION OFFICE	cc: file						
Operator			· · · · · · · · · · · · · · · · · · ·				
SINCLAIR	OIL & GAS COMPANY						
P. O. Box	1920, Hobbs, New Mexico 88	240					
Reason(s) for filing (Check pro		Other (Please explain	1)				
New Well XX	Change in Transporter of:		•				
Recompletion	Oil Dry G	as T					
Change in Ownership		ensate					
If change of ownership give and address of previous own	name er						
II. DESCRIPTION OF WELL							
BELL-STATE	i i	ame, Including Formation	And Y State, Federal or Fee State				
Location DDED-OTATE	K-4649 1 '- Une	designated 2 23	55 State, Federal or Fee State				
	//0	3.000					
Unit Letter B;	660 Feet From The North Li	ne and 1980 Feet	From The East				
22	- 40						
Line of Section 32	Township 8S Range	BOE , NMPM,	Chaves County				
II DESIGNATION OF TRAN	SDORTER OF OUR AND NATURAL O	• •					
Name of Authorized Transporte	SPORTER OF OIL AND NATURAL GA	Asidraes (Give address to which	approved copy of this form is to be sent)				
The Permian Corp							
Name of Authorized Transporte		Address (Cine address to which	Midland, Texas 79701 approved copy of this form is to be sent)				
None	of Castinghisad Gds of Dry Gds	Address (Give address to which	approved copy of this form is to be sent)				
	Unit Sec. Twp. Rge.	Is gas actually connected?	When				
If well produces oil or liquids, give location of tanks.	B 32 8S 30E	No	when				
If this production is comming	led with that from any other lease or pool,	, give commingling order numbe	r:				
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deep	en Plug Back Same Resty. Diff. itesty.				
Designate Type of Con	$pletion = (X) \qquad (x)$	(x)	Find Duck Same (Ness). Diff. Ness'v.				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
11-3-67	11-11-67	35501	35481				
Elevations (DF, RKB, RT, GR,	etc.; Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
	San Andres	33541	3.7541				
Perforations 3354,3355	3356,3364,3370,3375,3376,337		Depth Casing Shoe				
3425,2436,3428, &	3431'.	(1, &)410,)418,)423,	3550'				
		D CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
12-1/4"	8-5/8"OD	277 "	200				
7-7/8"	4-1/2"OD	35501	300				
	2-3/8"OD	32541					
V. TEST DATA AND REQUE	ST FOR ALLOWABLE (Test must be (after recovery of total volume of lo	ad oil and must be equal to or exceed top allow				
OIL WELL	able for this d	epth or be for full 24 hours)					
Date First New Oil Run To Tar		Producing Method (Flow, pump,	gas lift, etc.)				
11-11-67	11-11-67	Flow					
Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
9 hrs.	90#	O#	3/4"				
Actual Prod. During Test 177 bbls.	011-Bbls.	Water - Bbls.	Gas-MCF				
177 0015.	110	61	44				
G 4 G 1110							
GAS WELL							
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
Tanks - Mark - Carlotte - 1							
Testing Method (pitot, back pr.	Tubing Pressure	Casing Pressure	Choke Size				
I. CERTIFICATE OF COMP	LIANCE	OIL CONSE	RVATION COMMISSION				
		1	(N) 12 (K) 19				
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.		APPROVED, 19					
					1		
		TITLE					
		This form is to be filed in compliance with RULE 1104.					
(Signature) Surerintendent		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.					
				(Title)		All sections of this form must be filled out completely for allow-	
				November 13, 1967		able on new and recompleted wells.	
(Date)		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.					
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Separate Forms C-104 must be filed for each pool in multiply completed wells.