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NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

-	511.5	KEQUESTI	AND	Effective 1-1-65
-	FILE	407000174710N TO TO A	AND	v c
-	U.S.G.S.	AUTHORIZATION TO TRAF	NSPORT OIL AND NATURAL, GA	13
-	OIL	Orig&4cc: OCC, Hobbs	S	
	TRANSPORTER GAS	cc: Regional (Office	
-	OPERATOR	cc: file		
1.	PROPATION OFFICE	,		
•	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	Change In Transporter of: Oil Dry Gas		
	Recompletion	Oil Dry Gas Casinghead Gas Condens	751	
L	Change in Ownership	Custinghed Gus Condens	Sale []	
	f change of ownership give name			
1	and address of previous owner			
i i	DESCRIPTION OF WELL AND I	FASE	/	
1	Lease Name	Lages No Well No. Pool Nam	ne, Including Formation	Kind of Lease
	Woodman Federal	l -Unde	esignated San Andres	State, Federal or Fee Federal
Ì	Location		K-3355	
	Unit Letter H; 1980	Feet From The North Line	e and 660 Feet From T	he <u>East</u>
	Line of Section 28 Tow	vnship 85 Range	30E , NMPM,	Chaves County
•				
II. ,	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	S Address (Give address to which approve	ed copy of this form is to be sent)
	Name of Authorized Transporter of Oil		P. O. Box 3119, Midla	
	The Permian Corp		Address (Give address to which approv	
i	Name of Authorized Transporter of Cas	Inghedd Gas or Dry Gas	Magrees (otto das oso to missis special	
	None	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n
	If well produces oil or liquids, give location of tanks.	H 28 8S 30E	No	
i		<u></u>	ning and a symbol	
.]	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool, a	give comminging order number.	
۷.		Oll Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty
	Designate Type of Completion	$on = (X) \qquad (X)$	(X)	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	11- 9-67	11-16-67	3600 '	35781
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth 3394
		San Andres	3447'	Depth Casing Shoe
	Perforations Zone #1. 3447-5	51-55-57-59-65-70-73-75-7	7-79! & Zone #2. 3513-	36001
	16-17-23-24-27-29-31' w/38-3/8" holes. TUBING, CASING, AND CEMENTING RECORD			
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	HOLE SIZE	8-5/8"OD	2721	200
	12-1/4"	8-5/8"OD 4-1/2"OD	36001	300
	7-7/8"	2-3/8"OD	3394!	
		2-3/8"OD) 74:	1
•,	MEGER DAMA AND DECLIEST E	OP ALLOWARIE (Test must be a	fter recovery of total volume of load oil o	and must be equal to or exceed top allou
٧.	OIL WELL able for this depth or be for full 24 hours)			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)
	11-16-67	11-17-67	Flowing	
	Length of Test	Tubing Pressure 200#	Casing Pressure	Choke Size 14/64"
	12 hrs.		Water-Bbls.	Gas-MCF
	Actual Prod. During Test 255 bbls.	Oil-Bbls.	63 bbls.	65
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Actual Float 1001-Mol/2			
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
	Table Marie Charles Control Control			<u> </u>
.,.	CERTIFICATE OF COMPLIAN	CF	OH CONSESVA	TION COMMISSION
¥ I.	CERTIFICATE OF COMPLIAN	Ca.)	
	I handly costifue that the rules and	regulations of the Oil Conservation	APPROVED	, 19
	Commission have been complied to	with and that the information given		
above is true and complete to the best of my knowledge and belief.			BY	
			TITLE	
	$\mathcal{T}_{\mathcal{L}}$			compliance with RULE 1104.
	Tall III.	(Man -	If this is a request for allow	vable for a newly drilled or deepene
_	(Sign	nature)	well, this form must be accompa	nied by a tabulation of the deviation
(California A)			Il tasts taken on the well in accou	CANCE WITH MULE 111.

Superintendent (Title)

November 17, 1967

(Date)

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.