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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
Orig^g&cc: UCC, Hobbs
cc: Regional Office
cc: file

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
SINCLAIR OIL & GAS COMPANY
Address
P. O. Box 1920, Hobbs, New Mexico
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name Woodman Federal Lease No. 3 Well No. 3 Pool Name, including Formation Undesignated - San Andres Ext. State, Federal or Fee Federal
Location Unit Letter A 660 Feet From The North Line and 660 Feet From The East
Line of Section 28 Township 8S Range 30E, NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
The Permian Corporation Address (Give address to which approved copy of this form is to be sent)
P. O. Box 3119, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
None Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit A Sec. 28 Twp. 8S Rge. 30E Is gas actually connected? No When

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

IV. COMPLETION DATA
Designate Type of Completion - (X) Oil Well (X) Gas Well New Well (X) Workover Deeper Plug Back Same Rest'v. Diff. Rest'v.
Date Spudded 11-26-67 Date Compl. Ready to Prod. 12-3-67 Total Depth 3600' P.B.T.D. 3564'
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation San Andres Top Oil/Gas Pay 3509' Tubing Depth 3433'
Perforations 3509-12-14-19-21-24-30-33-35-41-44-47' Depth Casing Shoe 3600'
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
12-1/4" 8-5/8"OD 281' 200
7-7/8" 4-1/2"OD 3600' 300
2-3/8"OD 3433'

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)
Date First New Oil Run To Tanks 12-3-67 Date of Test 12-4-67 Producing Method (Flow, pump, gas lift, etc.) Flow
Length of Test 6 hrs. Tubing Pressure 150# Casing Pressure 300# Choke Size 1/2"
Actual Prod. During Test 163 bbls. Oil-Bbls. 79 bbls. Water-Bbls. 84 bbls. Gas-MCF 22

GAS WELL
Actual Prod. Test-MCF/D Length of Test Bbls. 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)
December 4, 1967
(Date)
OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY _____
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.