NO. OF COPIES RECEIVED	_							
DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMI					Form C -104	
SANTA FE				FOR ALLOW	- · · · · · · · · · · · · · · · · · · ·	Supersedes Old C-104 and C-11		
FILE		AND						
U.S.G.S.	AUTHO	RIZATI	ON TO TRA	NSPORT OIL	AND NATUR	AL GAS		
LAND OFFICE			OCC, Hobbs					
TRANSPORTER OIL		cc: F	Regional (Office				
GAS	4	cc: i	file					
OPERATOR	_				وض			
PRORATION OFFICE Derator	J				`			
SINCLAUR OIL CORPOR	A TTOM							*
Address	ATION						····	
P. O. Box 1920, Hob	he New Me	viao	88240					
Reason(s) for filing (Check proper box		XICO	onz40	Othe	r (Please explain)		
New Well	Change in	Transpor	ter of:		, (, , , , , , , , , , , , , , , , , ,	,		
Recompletion	OII	Ī	Dry Ga	s				-
Change in Ownership	Casinghee	td Gas	Conden	== 1	irst report	of cas	inghead gas t	ranspor
change of ownership give name		, ,, ,, ,, ,, ,,			• •			
·	V E ACE					···· ·· · · · · · · · · · · · · · · ·		
DESCRIPTION OF WELL AND Lease Name	LEASE Lease N	Jo. Wel	l No. Pool Na	ne, Including Fo	rmation .	Kina	of Lease	
Winkler Federal			9 Cato	- San And	res	State	e, Federal or Fee F	ederal
_ccation								
Location Unit Letter J 19.	80 Feet From	π The				From The	South	
Unit Letter J 19.	80 Feet From	The	East Lin			From The	· · · · · · · · · · · · · · · · · · ·	County
Unit Letter J 19. Line of Section 29 Total	wnship 8S		East Lin	90E	80 Feet i	From The	South	
Unit Letter J 19. Line of Section 29 Total DESIGNATION OF TRANSPOR	wnship 8S	AND NA	East Lings 3	30E	80 Feet i		South	County
Unit Letter J 19. Line of Section 29 Too PESIGNATION OF TRANSPOR Name of Authorized Transporter of Cil	TER OF OIL.	AND NA	East Lings 3	o and 19	80 Feet i	approved cop	South Chaves	County · sent)
Unit Letter Line of Section PESIGNATION OF TRANSPOR' Name of Authorized Transporter of Oil Mobil Pipe Line Company	MER OF OIL. TER OF OIL. TO OF COMME	AND NA	East Lings 3	s Address (Give	, NMPM, address to which	approved cop	South Chaves	County sent) Kennedy
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Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	OII-Bbls.	Water - Bbls.	Gas-MCF		

GAS WELL Actual Prod. Test-MCF/D Ebls. Condensate/MMCF Gravity of Condensate Length of Test Testing Method (pitot, back pr.) Tubing Pressure Casing Pressure Choke Size

VI. CERTIFICATE OF COMPLIANCE

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IV

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.

above is time and complete to the best of my knowledge and better.
Litt Branch
(Signature)
Superintendent
(Title)
October 18, 1968
(D)

OIL CONSERVATION COMMISSION

APPROVED

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.