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| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PRORATION OFFICE       |     |

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Orig<sup>4</sup>cc: OCC, Hobbs, N.M.  
cc: Regional office  
cc: file

**I. OPERATOR**

Operator: **SINCLAIR OIL & GAS COMPANY** ~~LAIR OIL CORPORATION~~

Address: **P. O. Box 1920, Hobbs, New Mexico 88240**

Reason(s) for filing (Check proper box):  
 New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name: **Winkler Federal** Lease No. \_\_\_\_\_ Well No. **11** Pool Name, including Formation: **Cato - San Andres** Kind of Lease: **Federal**

Location: Unit Letter **F**; **1980** Feet From The **North** Line and **1980** Feet From The **West**

Line of Section **32** Township **8S** Range **30E**, NMPM, **Chaves** County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil  or Condensate   
**Mobil Pipeline Company** Address (Give address to which approved copy of this form is to be sent)  
**Box 900, Dallas, Texas (Attn: Mr. Don Kennedy)**

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 **M** Sec. **29** 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 | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded <b>12-1-67</b>   | Date Compl. Ready to Prod. <b>1-1-68</b>      | Total Depth <b>3500'</b>     | P.B.T.D. <b>3432'</b>     |          |        |           |             |              |
| Elevations (DF, RKB, RT, GR, etc.)                                    | Name of Producing Formation <b>San Andres</b> | Top Oil/Gas Pay <b>3333'</b> | Tubing Depth <b>3144'</b> |          |        |           |             |              |
| Perforations <b>3333-42-50-51-55-60-69-75-77-3406-12-20-23-26-28'</b> | Depth Casing Shoe <b>3500'</b>                |                              |                           |          |        |           |             |              |

**TUBING, CASING, AND CEMENTING RECORD**

| HOLE SIZE      | CASING & TUBING SIZE | DEPTH SET    | SACKS CEMENT    |
|----------------|----------------------|--------------|-----------------|
| <b>12-1/4"</b> | <b>8-5/8"OD</b>      | <b>274'</b>  | <b>200 sks.</b> |
| <b>7-7/8"</b>  | <b>4-1/2"OD</b>      | <b>3500'</b> | <b>300 sks.</b> |

**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 <b>1-1-68</b> | Date of Test <b>1-9-68</b> | Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b> |
| Length of Test <b>24 hrs.</b>                 | Tubing Pressure <b>0</b>   | Casing Pressure <b>0</b> Choke Size _____                    |
| Actual Prod. During Test <b>34 bbls.</b>      | Oil-Bbls. <b>8</b>         | Water-Bbls. <b>26</b> Gas-MCF <b>3</b>                       |

**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)  
**January 9, 1968**  
 (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.