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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
Orig&3cc: OCC, Hobbs
cc: Regional Office
cc: file

Sinclair Oil Corporation Merged
into Atlantic Richfield Company
effective March 4, 1969

Sinclair Oil & Gas Company

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 ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name H. H. Harris "A"	Lease No. 1	Well No. 1	Pool Name, Including Formation Bronco Wolfcamp	Kind of Lease State, Federal or Fee	Fee
Location Unit Letter A ; 990 Feet From The North Line and 571 Feet From The East Line of Section 11 Township 13S Range 38E , NMPM, Lea County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Phillips Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Phillips Bldg. 4th & Washington, Odessa, Tex.					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Sinclair Oil & Gas Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 101, Tulsa, Oklahoma 74102					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 11	Twp. 13S	Rge. 38E	Is gas actually connected? Yes	When 2-23-67

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) (X)	Oil Well (X)	Gas Well	New Well	Workover	Deepen	Plug Back (X)	Same Res'v.	Diff. Res'v.
Date 2-11-67 Workover Started 2-11-67	Date Compl. Ready to Prod. 2-23-67	Total Depth 11,905'	P.B.T.D. 9640'					
Elevations (DF, RKB, RT, GR, etc.) 3807' GR	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 9486'	Tubing Depth 9061'					
Perforations 9486-88', 9508-10', 9526-34', 9591-96'		Depth Casing Shoe 11,904'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
17-1/4"	13-3/8"OD	331'		400				
12-1/4"	9-5/8"OD	4685'		2000				
8-3/4"	7"OD	11904'		500				

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 2-22-67	Date of Test 2-23-67	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 0	Casing Pressure 0	Choke Size -
Actual Prod. During Test 120 hbbls.	Oil-Bbbls. 81	Water-Bbbls. 39	Gas-MCF 28

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)

February 24, 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.

