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TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND HOBBS OFFICE O. C. O.  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
Orig & 3cc: OCC, Hobbs  
cc: Regional Office  
cc: file

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

Nov 22 11 50 AM '66

Operator <b>Sinclair Oil &amp; Gas Company</b>	
Address <b>P. O. Box 1920, Hobbs, New Mexico</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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

Lease Name <b>H. H. Harris "A"</b>	Lease No. <b>1</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Bronco Mississippian</b>	Kind of Lease State, Federal or Fee <b>Fee</b>
Location				
Unit Letter <b>A</b>	<b>4290</b>	Feet From The <b>West</b>	Line and <b>990</b>	Feet From The <b>North</b>
Line of Section <b>11</b>	Township <b>13S</b>	Range <b>38E</b>	, NMPM, <b>Lea</b> County	


Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
<b>Phillips Pipeline Company</b>		<b>Phillips Bldg. 4th &amp; Washington, Odessa, Tex.</b>		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
<b>Sinclair Oil &amp; Gas Co.</b>		<b>P.O. Box 721, Tulsa, Oklahoma 74102</b>		
If well produces oil or liquids, give location of tanks.	Unit <b>A</b>	Sec. <b>11</b>	Twp. <b>13S</b>	Rge. <b>38E</b>
				Is gas actually connected? <b>Yes</b>
				When <b>11-6-66</b>

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back (X)	Same Rest'v.	Diff. Rest'v. (X)
Date Spudded <b>11-26-54</b>	Date Compl. Ready to Prod. <b>11-20-66</b>	Total Depth <b>11,905'</b>		P.B.T.D. <b>11,325'</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3807' GR</b>	Name of Producing Formation <b>Mississippian</b>	Top Oil/Gas Pay <b>11,137'</b>		Tubing Depth <b>9060'</b>					
Perforations <b>11,286-11,306' w/40-3/8" holes.</b>		Depth Casing Shoe <b>11,904'</b>							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
<b>17-1/4"</b>	<b>13-3/8"OD</b>		<b>331'</b>		<b>400</b>				
<b>12-1/4"</b>	<b>9-5/8"OD</b>		<b>4685'</b>		<b>2000</b>				
<b>8-3/4"</b>	<b>7"OD</b>		<b>11904'</b>		<b>500</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>11-6-66</b>	Date of Test <b>11-20-66</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24 hours</b>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <b>18 Bbls.</b>	Oil-Bbls. <b>18</b>	Water-Bbls. <b>0</b>	Gas-MCF <b>16</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	OIL CONSERVATION COMMISSION
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.	APPROVED _____, 19____
 (Signature)	BY _____
Superintendent	TITLE _____
(Title)	This form is to be filed in compliance with RULE 1104.
November 21, 1966	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.
(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.

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