NO. OF COPIES RECEIVED						
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SANTA FE	REQUEST FOR ALLOWABLE Supersedes Old C-104 an					Form C=104 Supersedes Old C=104 and C
FILE		EMOESTI	-OR ALLOW - AND	ADLL		Effective 1-1-65
U.S.G.S.	AUTHORIZATION	1 TO TO A		ANID NIA	THEAL (	245
LAND OFFICE	AUTHORIZATION	1 TO TRA	NSFUR I UIL	_ AND IN	TOKAL C	5,45
OIL						
TRANSPORTER GAS			1			
OPERATOR						
PROPATION OFFICE						
· Duration						
Sinclair SINCLAIR	R QHOGORPORATI	ON				
Andress						
P. C. Box 1920, Ho	bbs, New Mexico	88240				
Reason(s) for thing (Check proper box)			Othe	r (Please e	xplain)	
New Well	Change in Transporter	of:				
Recompletion	Tio -	Dry Gas				
Change in Connerolar	Casinghead Gas	Conden	sate			
If change of ownership give name						
and address of previous owner						
. DESCRIPTION OF WELL AND L	EASE					
Lease Name	Lease No. Weli N	lo. Poel Nan	ne, Including F	ormation		Kind of Lease
Winkler Federal	5	Unde	signated			State, Federal or Fee Federal
Location						
1080	Feet From The Eas	st.	e rind 198	0	Feet From	The South
Unit Letter 0 1900	Feet From The Date	Line	e rind		_reetriom	The
Line of Section 28 Town	nship 8-S	Bange 30	<b>-</b> E	, NMPM,	Chav	9S Count
Line of Section 20 Town	nantp O D	ridige 20		,		
Mobil Pipe Line Company		Gпв	Box 900,	Dallas address to	, Texas	(Attn: Mr. Don Kenned copy of this form is to be sent)
None	Unit Sec. Twp.	Rge.	Is gas actuall	y connected	i? W	nen
If well produces oil or liquids, give location of tanks.		30-E	No		i	
<u></u>			1			
- Tratic production is commingled with						
	n that from any other leas	se or pool,	give comming	ling order	number:	
· COMPLETION DATA	Oil Well	se or pool, Gas Well		ling order Workover	number:	Plug Back   Same Res'v. Diff. Re
	Oil Well					Plug Back   Same Resty. Diff. Re
Designate Type of Completion	n = (X)	Gas Well				Plug Back   Same Res'v. Diff. Re
7. COMPLETION DATA	Oil Well	Gas Well	New Well			1 1
Designate Type of Completio	n — (X)  Date Compl. Ready to Proc	Gas Well	New Well Total Depth	Workover		1 1
Designate Type of Completion	n = (X)	Gas Well	New Well	Workover		P.B.T.D.
Designate Type of Completio  Date Spudded  Elevations (DF, RKB, RT, GR, etc.)	n — (X)  Date Compl. Ready to Proc	Gas Well	New Well Total Depth	Workover		P.B.T.D.
Designate Type of Completio	n — (X)  Date Compl. Ready to Proc	Gas Well	New Well Total Depth	Workover		P.B.T.D. Tubing Depth
Designate Type of Completio  Date Spudded  Elevations (DF, RKB, RT, GR, etc.)	n = (X)  Date Compl. Ready to Proc  Name of Producing Format	Gas Well	Total Depth Top Oti/Gas	Workove <b>r</b> Pay	Deepen	P.B.T.D. Tubing Depth
Designate Type of Completio  Date Spudged  Elevations (DF, RKB, RT, GR, etc.)  Perforations	n = (X)  Date Compl. Ready to Producing Format  TUBING, CA	Gas Well d. Hon ASING, ANI	Total Depth Top Oti/Gas	Workover Pay	Deepen	P.B.T.D.  Tubing Depth  Depth Casing Shoe
Designate Type of Completio  Date Spudded  Elevations (DF, RKB, RT, GR, etc.)	n = (X)  Date Compl. Ready to Proc  Name of Producing Format	Gas Well d. Hon ASING, ANI	Total Depth Top Oti/Gas	Workove <b>r</b> Pay	Deepen	P.B.T.D. Tubing Depth
Designate Type of Completio  Date Spudged  Elevations (DF, RKB, RT, GR, etc.)  Perforations	n = (X)  Date Compl. Ready to Producing Format  TUBING, CA	Gas Well d. Hon ASING, ANI	Total Depth Top Oti/Gas	Workover Pay	Deepen	P.B.T.D.  Tubing Depth  Depth Casing Shoe
Designate Type of Completio  Date Spudged  Elevations (DF, RKB, RT, GR, etc.)  Perforations	n = (X)  Date Compl. Ready to Producing Format  TUBING, CA	Gas Well d. Hon ASING, ANI	Total Depth Top Oti/Gas	Workover Pay	Deepen	P.B.T.D.  Tubing Depth  Depth Casing Shoe
Designate Type of Completio  Date Spudged  Elevations (DF, RKB, RT, GR, etc.)  Perforations	n = (X)  Date Compl. Ready to Producing Format  TUBING, CA	Gas Well d. Hon ASING, ANI	Total Depth Top Oti/Gas	Workover Pay	Deepen	P.B.T.D.  Tubing Depth  Depth Casing Shoe
Designate Type of Completio  Date Spudded  Elevations (DF, RKB, RT, GR, etc.,  Perforations	Name of Producing Format  TUBING, CA	Gas Well d. Gon ASING, ANI	Total Depth Top Oti/Gas  CEMENTING	Pay G RECORI	Deepen	P.B.T.D.  Tubing Depth  Depth Casing Shoe  SACKS CEMENT
Designate Type of Completio  Date Spudded  Elevations (DF, RKB, RT, GR, etc.,  Perforations	Date Compl. Ready to Producing Format  TUBING, CACASING & TUBING  CASING & TUBING	Gas Well  d.  ASING, ANI G SIZE	Total Depth Top Oti/Gas  D CEMENTING	Pay G RECORI DEPTH SE	Deepen	P.B.T.D.  Tubing Depth  Depth Casing Shoe
Designate Type of Completio  Date Spudged  Elevations (DF, RKB, RT, GR, etc.)  Perforations  HOUE SIZE  7. TEST DATA AND REQUEST FOOIL WELL	Date Compl. Ready to Producing Format  TUBING, CA  CASING & TUBING  TOR ALLOWABLE (Teab.)	Gas Well  d.  ASING, ANI G SIZE	Total Depth Top Oti/Gas  D CEMENTING	Pay  G RECORI DEPTH SE	Deepen	P.B.T.D.  Tubing Depth  Depth Casing Shoe  SACKS CEMENT
Designate Type of Completio  Date Spudged  Elevations (DF, RKB, RT, GR, etc.)  Perforations  HOLE SIZE	Date Compl. Ready to Producing Format  TUBING, CACASING & TUBING  CASING & TUBING	Gas Well  d.  ASING, ANI G SIZE	Total Depth Top Oti/Gas  D CEMENTING	Pay  G RECORI DEPTH SE	Deepen	P.B.T.D.  Tubing Depth  Depth Casing Shoe  SACKS CEMENT
Designate Type of Completio  Date Spudged  Elevations (DF, RKB, RT, GR, etc.)  Perforations  HOLE SIZE  7. TEST DATA AND REQUEST FOOL, WELL  Date First New Oil Run To Tanks	Date Compl. Ready to Producting Format  TUBING, CA  CASING & TUBING  DR ALLOWABLE (Teab	Gas Well  d.  ASING, ANI G SIZE	Total Depth Top Otl/Gas  CEMENTING  fter recovery of the or be for full Producing Me	Pay  G RECORI DEPTH SE  fotal volum ill 24 hours, othod (Flow	Deepen	P.B.T.D.  Tubing Depth  Depth Casing Shoe  SACKS CEMENT  I and must be equal to or exceed top a
Designate Type of Completio Date Spudged  Elevations (DF, RKB, RT, GR, etc.)  Perforations  HOUE SIZE  7. TEST DATA AND REQUEST FOOIL WELL	Date Compl. Ready to Producing Format  TUBING, CA  CASING & TUBING  TOR ALLOWABLE (Teab.)	Gas Well  d.  ASING, ANI G SIZE	Total Depth Top Oti/Gas  D CEMENTING	Pay  G RECORI DEPTH SE  fotal volum ill 24 hours, othod (Flow	Deepen	P.B.T.D.  Tubing Depth  Depth Casing Shoe  SACKS CEMENT
Designate Type of Completio  Date Spudded  Elevations (DF, RKB, RT, GR, etc.)  Perforations  HOLE SIZE  7. TEST DATA AND REQUEST FOOL WELL  Date First New Oil Run To Tanks  Length of Test	Date Compl. Ready to Producing Format  TUBING, CA  CASING & TUBING  CR ALLOWABLE (Te ab.)  Date of Test	Gas Well  d.  ASING, ANI G SIZE	Total Depth Top Oti/Gas  CEMENTING  fter recovery of the producing Me	Pay  G RECORI DEPTH SE  fotal volum ill 24 hours, othod (Flow	Deepen	P.B.T.D.  Tubing Depth  Depth Casing Shoe  SACKS CEMENT  l and must be equal to or exceed top a  lift, etc.)  Choke Size
Designate Type of Completio  Date Spudged  Elevations (DF, RKB, RT, GR, etc.)  Perforations  HOLE SIZE  7. TEST DATA AND REQUEST FOOL, WELL  Date First New Oil Run To Tanks	Date Compl. Ready to Producting Format  TUBING, CA  CASING & TUBING  DR ALLOWABLE (Teab	Gas Well  d.  ASING, ANI G SIZE	Total Depth Top Otl/Gas  CEMENTING  fter recovery of the or be for full Producing Me	Pay  G RECORI DEPTH SE  fotal volum ill 24 hours, othod (Flow	Deepen	P.B.T.D.  Tubing Depth  Depth Casing Shoe  SACKS CEMENT  I and must be equal to or exceed top a
Designate Type of Completio Date Spudded  Elevations (DF, RKB, RT, GR, etc.,)  Perforations  HOLE SIZE  7. TEST DATA AND REQUEST FOOL, WELL Date First New Oil Run To Tanks  Length of Test	Date Compl. Ready to Producing Format  TUBING, CA  CASING & TUBING  CR ALLOWABLE (Te ab.)  Date of Test	Gas Well  d.  ASING, ANI G SIZE	Total Depth Top Oti/Gas  CEMENTING  fter recovery of the producing Me	Pay  G RECORI DEPTH SE  fotal volum ill 24 hours, othod (Flow	Deepen	P.B.T.D.  Tubing Depth  Depth Casing Shoe  SACKS CEMENT  l and must be equal to or exceed top a  lift, etc.)  Choke Size
Designate Type of Completio Date Spudded  Elevations (DF, RKB, RT, GR, etc.,)  Perforations  HOLE SIZE  7. TEST DATA AND REQUEST FOOL, WELL Date First New Oil Run To Tanks  Length of Test	Date Compl. Ready to Producing Format  TUBING, CA  CASING & TUBING  CR ALLOWABLE (Te ab.)  Date of Test	Gas Well  d.  ASING, ANI G SIZE	Total Depth Top Oti/Gas  CEMENTING  fter recovery of the producing Me	Pay  G RECORI DEPTH SE  fotal volum ill 24 hours, othod (Flow	Deepen	P.B.T.D.  Tubing Depth  Depth Casing Shoe  SACKS CEMENT  l and must be equal to or exceed top a  lift, etc.)  Choke Size
Designate Type of Completio Date Spudged  Elevations (DF, RKB, RT, GR, etc.)  Perforations  HOLE SIZE  7. TEST DATA AND REQUEST FOOIL WELL  Date First New Oil Run To Tanks  Length of Teet  Actual Prod. During Teet	Date Compl. Ready to Producting Format  TUBING, CA  CASING & TUBING  Date of Test  Tubing Pressure  Oti-Bbis.	Gas Well  d.  ASING, ANI G SIZE	Total Depth Top Otl/Gas  CEMENTING  fter recovery of the or be for full producing Me  Casing Press  Water-Bbis.	Pay  G RECORI DEPTH SE  fotal volum ill 24 hours, withod (Flow	Deepen  T  me of load of  pump, gas	P.B.T.D.  Tubing Depth  Depth Casing Shoe  SACKS CEMENT  I and must be equal to or exceed top a lift, etc.)  Choke Size  Gas-MCF
Designate Type of Completion Date Spudged  Elevations (DF, RKB, RT, GR, etc.)  Perforations  HOLE SIZE  7. TEST DATA AND REQUEST FOOIL, WELL Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test	Date Compl. Ready to Producing Format  TUBING, CA  CASING & TUBING  CR ALLOWABLE (Te ab.)  Date of Test	Gas Well  d.  ASING, ANI G SIZE	Total Depth Top Oti/Gas  CEMENTING  fter recovery of the producing Me	Pay  G RECORI DEPTH SE  fotal volum ill 24 hours, withod (Flow	Deepen  T  me of load of  pump, gas	P.B.T.D.  Tubing Depth  Depth Casing Shoe  SACKS CEMENT  l and must be equal to or exceed top a  lift, etc.)  Choke Size
Designate Type of Completio Date Spudged  Elevations (DF, RKB, RT, GR, etc.)  Perforations  HOLE SIZE  7. TEST DATA AND REQUEST FOOIL WELL  Date First New Oil Run To Tanks  Length of Teet  Actual Prod. During Teet	Date Compl. Ready to Producting Format  TUBING, CA  CASING & TUBING  Date of Test  Tubing Pressure  Oti-Bbis.	Gas Well  d.  ASING, ANI G SIZE	Total Depth Top Oti/Gas  CEMENTING  fter recovery of the producing Me Casing Press Water-Bbis.  Bbis. Conder	Pay  G RECORI DEPTH SE  I total volum. Ill 24 hours, which (Flow	Deepen  T  me of load of  pump, gas	P.B.T.D.  Tubing Depth  Depth Casing Shoe  SACKS CEMENT  I and must be equal to or exceed top a  lift, etc.)  Choke Size  Gan-MCF  Gravity of Condensate
Designate Type of Completio Date Spudded  Elevations (DF, RKB, RT, GR, etc.)  Perforations  HOLE SIZE  V. TEST DATA AND REQUEST FOOIL WELL  Date First New Oil Run To Tanks  Langth of Test  Actual Prod. During Test	Date Compl. Ready to Producting Format  TUBING, CA  CASING & TUBING  Date of Test  Tubing Pressure  Oti-Bbis.	Gas Well  d.  ASING, ANI G SIZE	Total Depth Top Otl/Gas  CEMENTING  fter recovery of the or be for full producing Me  Casing Press  Water-Bbis.	Pay  G RECORI DEPTH SE  I total volum. Ill 24 hours, which (Flow	Deepen  T  me of load of  pump, gas	P.B.T.D.  Tubing Depth  Depth Casing Shoe  SACKS CEMENT  I and must be equal to or exceed top a lift, etc.)  Choke Size  Gas-MCF
Designate Type of Completio Date Spudded  Elevations (DF, RKB, RT, GR, etc.)  Perforations  HOLE SIZE  V. TEST DATA AND REQUEST FOOLD WELL Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D	Date Compl. Ready to Producing Format  TUBING, CA  CASING & TUBING  CASING & TUBING  Date of Test  Tubing Pressure  Oil-Bbis.	Gas Well  d.  ASING, ANI G SIZE	Total Depth Top Oti/Gas  CEMENTING  fter recovery of the producing Me Casing Press Water-Bbis.  Bbis. Conder	Pay  G RECORI DEPTH SE  fotal voluntill 24 hours, without (Flow) sure	Deepen	P.B.T.D.  Tubing Depth  Depth Casing Shoe  SACKS CEMENT  I and must be equal to or exceed top a  lift, etc.)  Choke Size  Gan-MCF  Gravity of Condensate

\_, 19 -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.

cc: Regional Office

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)

(Title)

1968

perintendent