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DISTRIBUTION SANTA FE FILE	1	" MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND			Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65	
U.S.G.S.	AUTHORIZATION			ATURAL G	AS	
LAND OFFICE	Orig&2cc: OCC,	Hobbs		r:		
TRANSPORTER OIL	cc: South	hern Regio	on (West Texa	s)		
OPERATOR GAS	cc: State	e Land Off	îice			
PRORATION OFFICE	cc: file					
Operator SINCLAIR OIL (CORPORATION	•				
P. 0. Box 1920), Hobbs, New Mexico	88240				
Reason(s) for filing (Check proper to			Other (Please			
New Well Recompletion	Change in Transporter of	t: Dry Gas	Designation of the last of the		ransporter	
Change in Ownership	Casinghead Gas	Condensate	Tor cash	n _e , neau (Jets •	
If change of ownership give name and address of previous owner						
DESCRIPTION OF WELL AN	D LEASE Lease No. Well No.	. Pool Name, Ir	ncluding Formation		Kind of Lease	
Lea 878 State	OG 4988 1	1	per Penn		State, Federal or Fee State	
	.980 Feet From The Sou	ith_Line and	1980	_ Feet From T	TheWest	
Line of Section 4	Township 14S R	Range 3	34E , NMPM,		Lea County	
. DESIGNATION OF TRANSPO		RAL GAS		b/=1	and come of this form is to be seen	
Name of Authorized Transporter of Service Pipeline Co		1			ed copy of this form is to be sent) ad, Texas 79701	
Name of Authorized Transporter of	Casinghead Gas 💢 or Dry Ga	s Add	iress (Give address to	which approx	ed copy of this form is to be sent)	
Atlantic Refining C					ton, New Mexico 88260	
If well produces oil or liquids, give location of tanks.	K Sec. Twp. 14S		Yes	i? Whe	12-1-69	
If this production is commingled	with that from any other lease	or pool, give	commingling order	number:		
. COMPLETION DATA		as Well New	v Well Workover	Deepen	Plug Back Same Res'v. Diff. Res'v	
Designate Type of Comple	Date Compl. Ready to Prod.	Tot	al Depth	<u> </u>	P.B.T.D.	
Date Spudded	oute compilitional to From					
Elevations (DF, RKB, RT, GR, etc	Name of Producing Formation	n Top	Oil/Gas Pay		Tubing Depth	
Perforations					Depth Casing Shoe	
	TUBING, CAS	ING, AND CE	MENTING RECORD)		
HOLE SIZE	CASING & TUBING	SIZE	DEPTH SE	T	SACKS CEMENT	
					<u> </u>	
. TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Test able	must be after re for this depth o	ecovery of total volum r be for full 24 hours)	e of load oil o	and must be equal to or exceed top allow	
Date First New Oil Run To Tanks	Date of Test	Pro	ducing Method (Flow,	pump, gas lif	t, etc.)	
Length of Test	Tubing Pressure	Cat	sing Pressure		Choke Size	
Actual Prod. During Test	Oil-Bbls.	Wat	er-Bbls.		Gas-MCF	
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bb!	s. Condensate/MMCF		Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure	Cas	sing Pressure		Choke Size	
. CERTIFICATE OF COMPLIA	ANCE		OILC	ONSERVA	TION COMMISSION	
I hereby certify that the rules at Commission have been complie	nd regulations of the Oil Cons	servation	PPROVED	all a	, 19	
above is true and complete to	the best of my knowledge and	d belief.	Y JACO	X J	Aref	
		т	ITL/€/			
7 1K					compliance with RULE 1104.	
Signatura)			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			
(Signature) Superintendent			tests taken on the well in accordance with RULE 111.			
(Title)			All sections of this form must be filled out completely for allowable on new and recompleted wells.			
February 5, 1969			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.			
	(Date)				t be filed for each pool in multipl	
		11 6				