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U.S.G.S.		
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  
Original cc: OCC, Hobbs  
cc: State Land Office, Santa Fe, N.M.  
cc: Southern Region (West Texas)  
cc: file

Operator SINCLAIR OIL CORPORATION	
Address P. O. Box 1920, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Completed well in an additional zone.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Lea 878 State	Lease No. OG 4988	Well No. 1	Pool Name, Including Formation Undesignated - Wolfcamp	Kind of Lease State, Federal or Fee	State
Location Unit Letter K ; 1980 Feet From The South Line and 1980 Feet From The West					
Line of Section 4 Township 14S Range 34E , NMPM, County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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)					
Service Pipe Line Company	P. O. Box 337, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
None						
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 4	Twp. 14S	Rge. 34E	Is gas actually connected? No	When to be connected when permanent tank bttty is set.

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well (X)	Gas Well	New Well (x) zone	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8-3-68	Date Compl. Ready to Prod. 1-4-69	Total Depth 10,500'	P.B.T.D. 10,395'					
Elevations (DF, RKB, RT, GR, etc.) 4142' GR	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 10288'	Tubing Depth 10,252'					
Perforations 10288-10292' w/8-3/8" holes.			Depth Casing Shoe 10,500'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"OD	408'	400					
11"	8-5/8"OD	4400'	1000					
7-7/8"	5-1/2"OD	10500'	400					

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)

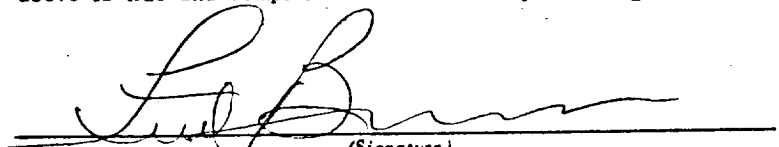
Date First New Oil Run To Tanks 1-4-69	Date of Test 1-11-69	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 60#	Casing Pressure 260#	Choke Size 1/2" choke
Actual Prod. During Test 234 bbls.	Oil-Bbls. 234	Water-Bbls. 0	Gas-MCF 173

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

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 13, 1969  
(Date)

OIL CONSERVATION COMMISSION

APPROVED Jan 14 1969, 19  
BY John W. Rumpfer  
Geologist  
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.