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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

EW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE  
ANDForm C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

## AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Orig&cc: OCC, Hobbs  
cc: State Land Office  
cc: Southern Region (West Texas)  
cc: file

Operator <b>SINCLAIR OIL CORPORATION</b> <small>Sinclair Oil Corporation Merged into Atlantic Richfield Company</small>	
Address <b>P. O. Box 1920, Hobbs, New Mexico 88240</b>	
Reason(s) for filing (Check proper box)	Other (Please explain) <b>Re-Entry</b>
New Well <input type="checkbox"/>	Change In Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change In Ownership <input type="checkbox"/>	

If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>State 245</b>	Lease No. <b>B-10137</b>	Well No. <b>2</b>	Pool Name, Including Formation <b>Lazy J Penn - Bough "C"</b>	Kind of Lease State, Federal or Fee	State
Location Unit Letter <b>B</b> ; <b>990</b> Feet From The <b>North</b> Line and <b>1650</b> Feet From The <b>East</b> Line of Section <b>28</b> Township <b>13S</b> Range <b>33E</b> , NMPM, <b>Lea</b> 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"/> <b>Texas New Mexico Pipeline Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1510, Midland, Texas 79701</b>				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Warren Petroleum Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1589, Tulsa, Oklahoma 74100</b>				
If well produces oil or liquids, give location of tanks.	Unit <b>0</b>	Sec. <b>28</b>	Twp. <b>13S</b>	Rge. <b>33E</b>	Is gas actually connected? <b>Yes</b>
					When <b>12-3-68</b>

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
				<b>Re-Entry</b>				(X)	
Date Spudded <b>11-14-68</b>	Date Compl. Ready to Prod. <b>12-2-68</b>	Total Depth <b>9764'</b>		P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) <b>4246' GR</b>	Name of Producing Formation <b>Bough "C"</b>	Top Oil/Gas Pay <b>9709'</b>		Tubing Depth <b>9745'</b>					
Perforations <b>Open Hole 9709-9764'</b>				Depth Casing Shoe <b>9709'</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>322'</b>		<b>350 sacks</b>				
<b>11"</b>	<b>8-5/8"OD</b>		<b>4030' (Top @ 320')</b>		<b>1400 sacks</b>				
<b>7-7/8"</b>	<b>5-1/2"OD</b>		<b>9709'</b>		<b>500 sacks</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>12-2-68</b>	Date of Test <b>12-2-68</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flow</b>	
Length of Test <b>16 hrs.</b>	Tubing Pressure <b>420#</b>	Casing Pressure <b>700#</b>	Choke Size <b>17/64"</b>
Actual Prod. During Test <b>264</b>	Oil-Bbls. <b>236</b>	Water-Bbls. <b>28</b>	Gas-MCF <b>378</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

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)

December 3, 1968

(Date)

## OIL CONSERVATION COMMISSION

APPROVED

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 allow-  
able 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.