

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

				(Place)	xice May	28, 1997 (Date)
Sine	lair Ol	L & Gas Com	pany State Le	OR A WELL KNOWN		'/4SE ¹ /4,
	-	Operator)	(Leas	е) Е, NMPM.,	linded mated	Pool
Unit I	Letter				_	
		Les	County. Date Spudded	3-15-57 , 1	Date Completed	i-5 7
Ple	ase indicat	e location:				
D	С	B A	Elevation	6 Total Depth	11425 ! , P.B.,	114021
E	F	G H	Top oil/gas pay	10973 Name	of Prod. Form	Pana.
			Casing Perforations: 10657-10669!, 10625-10642!			
L.	K	JI	Depth to Casing sh	oe of Prod. String	11425*	
м	N	U P	Natural Prod. Test		مر 	BOPD
		x	based on	bbls. Oil in	Hrs	Mins.
			Test after acid or s	hot	330	BOPD
Casi z Size	g and Oom Feet	enting Record Sax	Based on 330	bbls. Oil in	24Hrs	Mins.
10.0/	13 3/8 335 359 9 5/8 4530 2609 5 1/2 11425 600		Gas Well Potential			
			Size choke in inches			
2"			Transporter taking Oil or Gas:			
emarks		<u> </u>				
	•••••••••••••••••••••••••••••••••••••••				- E.J.	
I her	eby certify	that the inform	mation given above is t	rue and complete to the b	est of my knowledge.	
pproved		Ą	, 19 19.6 7	Sinelair Oil & Gas Gompany (Company or Operator)		
			COMMISSION	ву:	Jaites	
				,	(Signature)	
:: <u>()</u>	<u>-/ .</u>	11/100	C. C. CIANIN M	. Title Distric Send Com	munications regarding	well to:
tle			2.	 Name G G Se]	\$ep	
rig.	& 300:00	C		Address. Hobbs, New Maxie		
		R, HTP, Mile		Address		