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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. **SINCLAIR OIL & GAS COMPANY**
P. O. Box 1920, Hobbs, New Mexico, 88240

Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of: Oil ☐ Gas ☐
Recompletion ☐ Gas ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Geo State 668-Lea	Well No. 1	Pool Name, including Formation Kennitz Wolfcamp	Kind of Lease State, Federal or Fee State
Location Unit Letter E ; 1980 Feet From The North Line and 660 Feet From The West Line of Section 27 , Township 16S Range 34E , NMPM, Lea 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, Texas
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)
If well produces oil or liquids, give location of tanks. Unit E Sec. 27 Twp. 16S Rge. 34E	Is gas actually connected? No When

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Drilled 12-30-64	Date Compl. Ready to Prod. 3-1-65	Total Depth 10,850'	P.B.T.D. 10,821'
Pool Kennitz	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 10,756'	Tubing Depth 10,520'
Perforations 10,756'-10,768' (24 - 1/2" holes)			Depth Casing Shoe 10,850'
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE 17-1/2" 11" 7-7/8"	CASING & TUBING SIZE 13-3/8" 8-5/8" 5-1/2" 2-3/8"	DEPTH SET 424' 4500' 10,820' 10,520'	SACKS CEMENT 425 950 350

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 3-1-65	Date of Test 3-24-65	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 23 hrs.	Tubing Pressure 0	Casing Pressure 0	Choke Size -
Actual Prod. During Test 67	Oil-Bbls. 67	Water-Bbls. 73	Gas-MCF 14

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)
3-25-65

(Date)

Orig&2cc: CCC,Hobbs, cc:RFS, cc:S.L.Office,cc:file

OIL CONSERVATION COMMISSION

APPROVED _____, 19

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 allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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.