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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
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
Original cc: OCC Hobbs
cc: West Texas Regional Office
cc: Shell Oil Co. Box 1509, Midland, Tex.
cc: file

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

SINCLAIR OIL CORPORATION

Operator Sinclair Oil & Gas Company		Sinclair Oil Corporation Merged into Atlantic Richfield Company effective March 4, 1962	
Address P. O. Box 1920, Hobbs, New Mexico			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Eidson "A" WN	Lease No.	Well No. 4	Pool Name, including Formation Shoe Bar Penn	Kind of Lease State, Federal or Fee	Fee
Location Unit Letter <u>K</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1750</u> Feet From The <u>West</u> Line of Section <u>26</u> Township <u>16S</u> Range <u>35E</u> , NMPM, <u>Lea</u> 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"/> Texas-New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Oklahoma				
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 26	Twp. 16S	Rge. 35E	Is gas actually connected? When Yes 8-22-66

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well (X)	Gas Well	New Well (X)	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7-14-66	Date Compl. Ready to Prod. 8-20-66		Total Depth 10431'		P.B.T.D. 10429'			
Elevations (DF, RKB, RT, GR, etc.) 3966' GR	Name of Producing Formation Pennsylvania		Top Oil/Gas Pay		Tubing Depth 10225'			
Perforations 10338-41-51-53-55-57-64-66-68-10407-09-11-17'					Depth Casing Shoe 10431'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	11-3/4"OD		416'		525			
11"	8-5/8"OD		4800'		1000			
7-7/8"	5-1/2"OD		10431'		550			

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 8-20-66	Date of Test 8-22-66	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 12 hrs.	Tubing Pressure 790#	Casing Pressure Pkr	Choke Size 16/64"
Actual Prod. During Test 226 Bbls.	Oil-Bbls. 226	Water-Bbls. 0	Gas-MCF 221

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)
8-22-66
(Date)

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 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.