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	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE ~~WELL~~ **O.C.C.**
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

DEC 30 1 15 PM '65
Orig. & 2 cc: OOC-Hobbs
cc: West Texas Regional
State Land Office,
Permian, File

Operator Sinclair Oil & Gas Company	
Address P. O. Box 1920, Hobbs, New Mexico, 88240	
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 Lea 946 State	Well No. 1	Pool Name, Including Formation Wildcat - Bone Springs	Kind of Lease State, Federal or Fee State
Location Extension Backhoe Add R-3051			
Unit Letter E	1980 Feet From The North	Line and 660	Feet From The West
Line of Section 2	Township 18S	Range 35W E	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) 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. 2 Twp. 18S Rge. 35W
Is gas actually connected?	When To be connected No when permanent battery is

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 11-19-65	Date Compl. Ready to Prod. 12-30-65	Total Depth 8995	P.B.T.D. 8960'					
Pool Wildcat	Name of Producing Formation Bone Springs	Top Oil/Gas Pay 8604	Tubing Depth 8934'					
Perforations 8887-94-98-8901-09-16-21-24-26 & 28	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8" OD	369	380					
11"	8 5/8" OD	3592	2450					
7 7/8"	4 1/2" OD	8995	970					
	2 3/8" OD	8934						

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 12-18-65	Date of Test 12-30-65	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 10 Hr.	Tubing Pressure 450#	Casing Pressure 0	Choke Size 1/4"
Actual Prod. During Test 173 Bbl.	Oil - Bbls. 173 Bbl.	Water - Bbls. 0	Gas - MCF 166

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

December 30, 1965

(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 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.