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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE E. C. C.
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
Orig & 2cc: OGC Hobbs
cc: State Land Office
cc: Regional Office
cc: Texas New Mex. PL Co.
cc: file

MAR 31 2 04 PM '66

SINCLAIR OIL & GAS COMPANY

Sinclair Oil Corporation Merged
into Atlantic Richfield Company
effective March 1, 1966

P. O. Box 1920, Hobbs, New Mexico

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name LEA 946 STATE	Lease No. K-3851	Well No. 3	Pool Name, Including Formation Buckeye Abo	Kind of Lease State, Federal or Fee State
Location Unit Letter C ; 660 Feet From The North Line and 1980 Feet From The West Line of Section 2 Township 18S Range 35E , NMPM, Lea County				

I. 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 Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas 79701			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Phillips Bldg, 4th & Washington St. Odessa, Texas			
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 2	Twp. 18S	Rge. 35E
Is gas actually connected? Yes			When 3-31-66	

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 2-16-66	Date Compl. Ready to Prod. 3-29-66	Total Depth 9000'	P.B.T.D. 8981'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Buckeye Abo	Top Oil/Gas Pay 8937'	Tubing Depth 8976'					
Perforations 8937, 41, 44, 48, 54, 56, 58, 62, 64, 72 and 75' w/22-3/8" Holes.			Depth Casing Shoe 9000'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"OD	375'	315 / 225 sks.					
11"	8-5/8"OD	3596'	1300 sks.					
7-7/8"	4-1/2"OD	9000'	1290 sks.					

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)

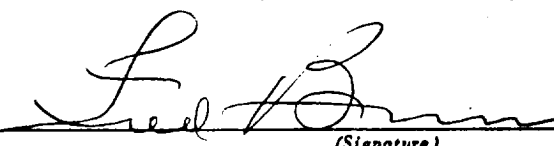
Date First New Oil Run To Tanks 3-29-66	Date of Test 3-31-66	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 12 hrs.	Tubing Pressure 375#	Casing Pressure Pkr	Choke Size 14/64"
Actual Prod. During Test 120 Bbls.	Oil - Bbls. 120 Bbls.	Water - Bbls. 0 Bbls.	Gas - MCF 110

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

I. 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)
3-31-66
(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.