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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

OCT 11 10 47 AM '65

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:
Completion ☐ Oil ☐ 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 State L DE | Well No. 2 | Pool Name, Including Formation Vacuum Glorieta | Kind of Lease State, Federal or Fee State |
| Location Unit Letter G 2310 Feet From The North Line and 2310 Feet From The East Line of Section 30 , Township 17S Range 35E , NMCM, 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"/> McWood Corporation | Address (Give address to which approved copy of this form is to be sent) 2003 Wilco Bldg., 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 G Sec. 30 Twp. 17S Rge. 35E Is gas actually connected? No When To be connected when permanent battery is set. |

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) | Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Rest'v. <input type="checkbox"/> Diff. Rest'v. <input type="checkbox"/> | | |
| Date Spudded 9-5-65 | Date Compl. Ready to Prod. 10-10-65 | Total Depth 6250 | P.B.T.D. 6224 |
| Pool Vacuum Glorieta | Name of Producing Formation Paddock | Top Oil/Gas Pay 6077 | Tubing Depth 6074 |
| Perforations 6085, 6087, 6095, 6103, 6108 | | | Depth Casing Shoe 6250 |
| TUBING, CASING, AND CEMENTING RECORD | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 12 1/4" | 8 5/8" OD | 1546 | 700 |
| 7 7/8" | 4 1/2" OD | 6249 | 1535 |
| | 2 3/8" OD | 6074 | Tubing |

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)

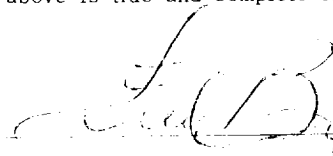
| | | | |
|---|--------------------------------|--|------------------------|
| Date First New Oil Run To Tanks 10-1-65 | Date of Test 10-9-65 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 12 Hr. | Tubing Pressure - | Casing Pressure Packer | Choke Size - |
| Actual Prod. During Test 61 Bbls. | Oil - Bbls. 61 | Water - Bbls. 0 | Gas - MCF 27 |

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)

October 11, 1965

(Date)

Orig & 2cc: OCC-Hobbs

cc: Regional Office, 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.