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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

REQUEST FOR ALLOWABLE

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

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

APR 12 3 11 PM '67

Orig&4cc: OCC Hobbs, N.M.
cc: Regional Office
cc: file

Operator		SINCLAIR OIL CORPORATION		Sinclair Oil Corporation Merged Into Atlantic Richfield 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	Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease
C. M. Selby		2	Midway Abo - Abo	State, Federal or Fee Fee
Location				
Unit Letter	A	990	Feet From The North	Line and 660
Line of Section		18	Township	17S
Range		37E	, 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas New Mexico Pipe Line Company	P. O. Box 1510, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Skelly Oil Co.	P. O. Box 207, Loco Hills, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	18	17S	37E	Yes	4-1-67

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
(X)			(X)					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
1-31-67	4-1-67	9100'		9061'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
3790' GR	Abo	8845'		8727'				
Perforations	8852-55-60-63-67-74-77-81-85-88-92-94-97-8904-11-16-24-27-30-57-61-71'				Depth Casing Shoe			
9100'								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13-3/8"OD		350'		335 sacks			
11"	8-5/8"OD		4791'		1050 "			
7-7/8"	4-1/2"OD		9100'		425 "			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
4-1-67	4-11-67	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	None	None	None
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
9 Bbls.	9	0	TSTM

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.

F. M. Singleton
(Signature)

Engineer

(Title)

April 12, 1967

(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.