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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Orig&3cc: CCC, Hobbs 1 15 1968
cc: Mrs. Marian M. Rhea, Santa Fe, N.M.
cc: Regional Office
cc: file

I. Operator **SINCLAIR OIL & GAS CORPORATION**

Address **P. O. Box 1920, Hobbs, New Mexico 88240**

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>	Other (Please explain)
Recompletion	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>		
Change in Ownership	<input type="checkbox"/>						

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name **Mescalero Ridge Unit MA** Lease No. **NM 056376** Well No. **31** Pool Name, including Formation **Guad Ridge-Yates Gas R-3462**

Location **Wildcat** Kind of Lease **Federal**

Unit Letter **L** 1980 Feet From The **South** Line and **660** Feet From The **West**

Line of Section **21** Township **19S** Range **34E** , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)

Southern Union Gas Company **Fidelity Union Bldg., Tower, Dallas, Texas**

If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When

IV. COMPLETION DATA

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

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 6-8-68	Date Compl. Ready to Prod. 6-28-68	Total Depth 5000'	P.B.T.D. 3996'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Yates	Top Oil/Gas Pay 3952'	Tubing Depth 3958'					
Perforations 3952-53-54-55-56-57-58'			Depth Casing Shoe 4064'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"CD	323'	300
7-7/8"	4-1/2"CD	4064'	325
	2-3/8"CD	3958'	

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)

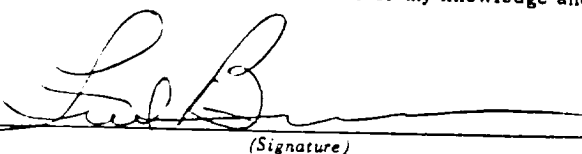
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 2126	Length of Test 1 hr.	Bbls. Condensate/MCF TSTM	Gravity of Condensate 27
Testing Method (pitot, back pr.) back pr.	Tubing Pressure 847#	Casing Pressure 926#	Choke Size 21/64"

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)
July 1, 1968

(Date)

OIL CONSERVATION COMMISSION

APPROVED
BY **Leslie H. Clements**
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.