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

EW MEXICO OIL CONSERVATION COMMISSION

Form C-104

Supersedes Old C-104 and C-110  
Effective 1-1-65REQUEST FOR ALLOWABLE  
AND

## AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Orig:3cc: CCC, Hobbs

cc: Southern Region (West Texas)

cc: Mrs. Marian M. Rhea, Santa Fe, New Mex.

cc: Partners

cc: file

PURSUANT TO THE PROVISIONS THIS AUTHORITY TO PRODUCE  
AND SELL OR FROM THE PRODUCTION OF THIS WELL, I HEREBY REQUEST  
UNLESS A CANNOT BE OBTAINED, I REQUEST THAT THE FOLLOWING BE  
EXCEPTION TO THE ABOVE-mentioned provisions be granted.

SINCLAIR OIL CORPORATION

SINCLAIR OIL CORPORATION  
Atlantic Richfield Company  
effective March 4, 1968

Address

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

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change In Ownership ☐

Change In Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Filed to redesignate from gas well to  
allowable for oil well. The Yates form.  
this well is different Yates formation than  
Mescalero Ridge Unit MA #31 Yates form.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
Mescalero Ridge Unit MA		32	Undesignated - Yates	State, Federal or Fee Federal
Location				
Unit Letter	D	660	Feet From The North	Line and 660 Feet From The West
Line of Section	28	Township	19S	Range 34E, 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)					
The Permian Corporation	P. O. Box 3119, Midland, Texas 79701					
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)					
None						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	28	19S	34E	No	

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.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

## 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.)	
3-1-69	3-1-69	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	50#	Packer	1 1/8/64"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
12 bbls.	12	0	114

## 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.

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 allow-  
able 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.

(Signature)

Superintendent

(Title)

March 1, 1969

(Date)