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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&2cc: OCC Hobbs  
cc: State Land Office  
cc: Regional Office  
cc: Partners

SINCLAIR OIL file

SINCLAIR OIL CORPORATION

Sinclair Oil Corporation Merged  
into Atlantic Richfield Company  
Effective March 3, 1969

Sinclair Oil & Gas Company

Address  
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

Monument-Tubb R-3104 4

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Lea 373 "A"</b>	Lease No. <b>E-274</b>	Well No. <b>1</b>	Pool Name, Including Former Pools <b>Undesignated Tubb</b>	Kind of Lease State, Federal or Fee <b>State</b>
Location Unit Letter <b>I</b> ; <b>1980</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>East</b> Line of Section <b>34</b> Township <b>19S</b> Range <b>37E</b> , NMPM, <b>Lea</b> 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"/> <b>The Permian Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 3119, Midland, Texas, 79701</b>					
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 <b>I</b>	Sec. <b>34</b>	Twp. <b>19S</b>	Rge. <b>37E</b>	Is gas actually connected? <b>No</b>	When To be connected when <b>permanent tank bty is set.</b>

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 (X)	Gas Well	New Well (X)	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <b>12-31-65</b>	Date Compl. Ready to Prod. <b>3-16-66</b>	Total Depth <b>8000'</b>	P.B.T.D. <b>6640'</b>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation <b>Tubbs</b>	Top Oil/Gas Pay <b>6505</b>	Tubing Depth <b>6593'</b>					
Perforations <b>6505-20-24-27-49-58-66-77-92-97-6607-11-13-21-25'</b>	Depth Casing Shoe <b>7049'</b>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <b>17 1/2"</b>	CASING & TUBING SIZE <b>13-3/8"OD</b>		DEPTH SET <b>24 5'</b>		SACKS CEMENT <b>225</b>			
<b>12 1/4"</b>	<b>9-5/8"OD</b>		<b>3883'</b>		<b>1900</b>			
<b>8-3/4"</b>	<b>5-1/2"ODLiner</b>		<b>3749-7049'</b>		<b>885</b>			

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)

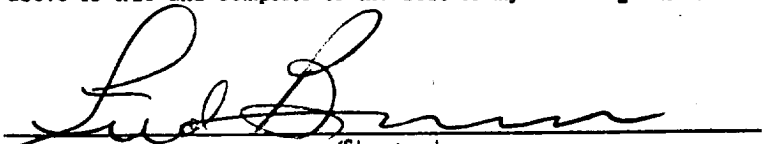
Date First New Oil Run To Tanks <b>3-15-66</b>	Date of Test <b>3-16-66</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>-</b>	Casing Pressure <b>-</b>	Choke Size <b>-</b>
Actual Prod. During Test <b>29 Bbls.</b>	Oil - Bbls. <b>25 Bbls.</b>	Water - Bbls. <b>4 Bbls.</b>	Gas - MCF <b>3</b>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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)  
**3-17-66**  
(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.