NO. OF COPIES RECEIVED							
SANTA FE		EW MEXICO OIL CONSERVATION COMM				Form C-104	
FILE		REQUEST FOR ALLOWABLE AND				Supersedes Old C-104 and C-11 Effective 1-1-65	
U.S.G.S.	AUTHODI	7 4 7 10 1 70 70	. 	Fliective 1-1-02			
LAND OFFICE	Orig&3cc:	ZATION TO TR OCC, Hobb	KANSPOR'	TOIL AND N	IATURAL GAS		
TRANSPORTER OIL	cc:	-		(West Tex	as)		
GAS	cc:		11087011	(1000 1020	23,		
OPERATOR							
PRORATION OFFICE			- T				
Operator SINCLAIR OIL (Since ADDODATEDM	clair Oil Corporat Atlantic Richfiel	d Company				
Address DINOLAIR OIL	ORFORALION into	ective March 4,	1969				
	, Hobbs, New M						
Reason(s) for filing (Check proper				Other (Please	evolain I M		
New Well	Change in Tra		Other (Please explain) Temporary permission to				
ecompletion Oil Dry Gas			Gas	commingle Drinkard and Blinebry Pool production into a common storage pending			
Change in Ownership	Ownership Production into				on into a co	mmon storage pending	
If change of amount is also				<u> aumminso</u>	active appro	val as per attached.	
If change of ownership give nam and address of previous owner _	e						
DESCRIPTION OF THE PROPERTY OF							
DESCRIPTION OF WELL AN Lease Name	Lease No.	Well No. Pool N	Igma Ingludi	na Faratia			
J. R. Cone "B"		1				d of Lease	
Location			D.	linebry	Star	e, Federal or Fee Fee	
Unit LetterN6	60 Feet From Th	South		1 O\$0		T	
omit Letter;;	Feet From In	e	ine and	1700	Feet From The	West	
Line of Section 26	Township 21S	Range	37E	, NMPM,	,	Lea County	
						2.04 County	
DESIGNATION OF TRANSPO							
Name of Authorized Transporter of			l l			py of this form is to be sent)	
Texas New Mexi	co Pipeline Cor	npany	Box :	1510, Midi	and, Texas	79701	
			Address	Give address to	which approved co	py of this form is to be sent)	
Warren Petrole			Box 1	. <u>589, </u> <u> </u>	a, Oklahoma	74102	
If well produces oil or liquids, give location of tanks,	D 26	Twp. Rge. 37E	Yes	tually connected		-10-64	
		L		•		-10-01	
f this production is commingled COMPLETION DATA	with that from any oth	er lease or pool,	, give comm	ingling order	number: <u>*See</u>	Above	
	Oil We	ll Gas Well	New Well	Workover	Deepen Pluc	Back Same Res'v. Diff. Res'v.	
Designate Type of Comple	tion - (X)			. I	!		
Date Spudded	Date Compl. Ready	to Prod.	Total Dep	th	P.B.	T.D.	
Elevations (DF, RKB, RT, GR, etc.	Name of Producing	Formation	Top Oil/C	as Pay	Tub	ng Depth	
Desfaunt		· · · · · · · · · · · · · · · · · · ·	_L			·	
Perforations •					Dept	h Casing Shoe	
	TIDI	10 0461110 111					
HOLE SIZE	1	TUBING, CASING, AND					
HOLE SIZE	CASING & IT	JBING SIZE		DEPTH SET		SACKS CEMENT	
			 				
		:	-				
			 	·····			
TEST DATA AND REQUEST	FOR ALLOWARIE	(Tapt must be -	ltar eas	of energy1			
DIL WELL		able for this de	epth or be for	full 24 hours)	oj toda ott and mu	st be equal to or exceed top allow:	
Date First New Oil Run To Tanks	Date of Test				oump, gas lift, etc.		
							
Length of Test	Tubing Pressure		Casing Pr	erweae	Chok	e Size	
Ashiel Prod. D		W. B.V.					
Actual Prod. During Test	Oil-Bbls.	OII-Bbls.		Water - Bbls.		MCF	
			<u></u>				
GAS WELL							
Actual Prod. Test-MCF/D	Length of Test		Bhis C-	langets AA (CC		10	
			Duis. Cond	lensate/MMCF	Grav	ty of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure	Tubing Pressure		Casing Pressure		e Size	
T ADMIN LIBERTIA		Cosing Pressure		1 01101			

VI. CERTIFICATE OF COMPLIANCE

II.

Ш.

IV.

V.

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)

February 17, 1969

(Date)

OIL CONSERVATION COMMISSION

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.