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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

Supersedes Old C-104 and C-110
Effective 1-1-66REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Orig^l & cc: OCC, Hobbs
cc: Regional Office
cc: file**SINCLAIR OIL CORPORATION**
SINCLAIR OIL & GAS COMPANYAddress
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

II. DESCRIPTION OF WELL AND LEASE

Lease Name J. R. Cone "B"	Lease No. 1	Well No. 1	Pool Name, Including Formation Tubb	Kind of Lease State, Federal or Fee Fee
Location Unit Letter N ; 660 Feet From The South Line and 1980 Feet From The West Line of Section 26 Township 21S Range 37E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northern Natural Gas Company	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	Sec.	Twp.	Rge.	Is gas actually connected? Yes	When 2-2-68

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'ty.	Diff. Res'ty.
		(X)		(X)				(X)
Date Spudded 12-13-46	Date Compl. Ready to Prod. 11-22-67		Total Depth 6663'		P.B.T.D. 6230'			
Elevations (DF, RKB, RT, GR, etc.) 3380' GR	Name of Producing Formation Tubb		Top Oil/Gas Pay 6066'		Tubing Depth 5964'			
Perforations 6066-6161'					Depth Casing Shoe 6663'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"OD		300'		300			
12-1/4"	9-5/8"OD		2827'		1000			
8-1/8"	7"OD		6663'		500			

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.)	
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 1040	Length of Test 1 Hr.	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pitot, back pr.) Back pr.	Tubing Pressure 1217#	Casing Pressure 0	Choke Size 17/64"

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)

December 21, 1967

(Date)

OIL CONSERVATION COMMISSION

APPROVED

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.