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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: OCC, Hobbs
cc: Southern Region (West Texas)
cc: file

Operator SINCLAIR OIL CORPORATION	
Address P. O. Box 1920, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain) *Temporary permission to commingle Drinkard and Blinebry Pool production into a common storage pending administrative approval as per attached.
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
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		dual w/Drinkard	
Lease Name J. R. Cone "B"	Lease No. 2	Well No. 2	Pool Name, including Formation Blinebry
Kind of Lease State, Federal or Fee		Fee	
Location Unit Letter 0 ; 660 Feet From The South Line and 1980 Feet From The East			
Line of Section 26 Township 21S Range 37E , NMPM, Lea County			

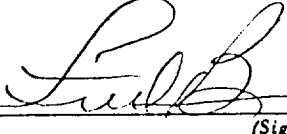
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Oklahoma 74102
If well produces oil or liquids, give location of tanks.	Unit 0 Sec. 26 Twp. 21S Rge. 37E Is gas actually connected? Yes When 8-10-64

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

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.)
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	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 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.
 (Signature) Superintendent (Title) February 17, 1969 (Date)	