

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED _____
DISTRIBUTION _____
SANTA FE _____
FILE _____
U.S.G.S. _____
LAND OFFICE _____
TRANSPORTER OIL _____
GAS _____
OPERATOR _____
PRODUCTION OFFICE _____

I. **SINCLAIR OIL CORPORATION**
Sinclair Oil & Gas Company
Address: **P. O. Box 192, Hobbs, New Mexico**
Reason(s) for filing (Check proper box)
New Well / Extension of Existing Well / Change in ownership
Oil / Gas / Dry Gas
Condensate / Other (Please explain) _____

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE
Well Name: **Hazel S. Turner** Well No.: **4** Pool Name, including Formation: **Blinebry Oil** Kind of Lease: **Fee**
Section: **M** Range: **660** Township: **South** Line and: **660** Feet From The: **West**
Range: **29** Township: **21S** Range: **37E** County: **Lea**

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil or Condensate
Texas New Mexico Pipe Line Company Address (Give address to which approved copy of this form is to be sent)
Box 1510, Midland, Texas
Name of Authorized Transporter of Casinghead Gas or Dry Gas
Warren Petroleum Corporation Address (Give address to which approved copy of this form is to be sent)
Box 1589, Tulsa, Oklahoma
If well produces oil or liquids, give location of tanks. Test: **M** Sec.: **29** Twp.: **21S** Rge.: **37E**
Is gas actually connected? **Yes** When: **June 22, 1965**

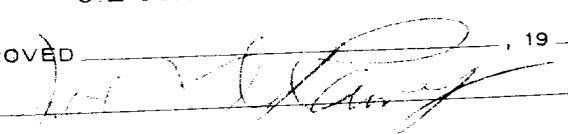
If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA
Designate Type of Completion - (X)
Date Spudded: _____ Date Compl. Ready to Prod.: _____ Total Depth: _____ F.B.T.D.: _____
Name of Producing Formation: _____ Top Oil/Gas Pay: _____ Tubing Depth: _____
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.): _____
Duration 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: _____
Flowing 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.

Superintendent
(Title)
June 29, 1965
(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 deeper 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 a well on new and recompleted wells.
Fill out Sections I, II, III, and VI only for changes of well name or number, or transporter or other such change of ownership.
Separate Forms C-104 must be filed for each pool completed wells.