

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

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

**Sinclair Oil & Gas Company**

**P. O. Box 192, Hobbs, New Mexico**

Reason(s) for filing (Check proper box)

Flow Test	<input type="checkbox"/>	Change in Transporter of	<input checked="" type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Flowing Well	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>	Condensate	<input type="checkbox"/>
Change in ownership	<input type="checkbox"/>	Transportation	<input type="checkbox"/>		

Other (Please explain)

If change of ownership give name  
and address of previous owner

**II. DESCRIPTION OF WELL AND LEASE**

Owner Name <b>Hazel S. Turner</b>	Well No. <b>4</b>	Pool Name, including Formation <b>Elinebry Oil</b>	Kind of Lease State, Federal or Fee <b>Fee</b>
Location <b>M 660</b>	Feet From Pole <b>South</b>	Line and <b>660</b>	Feet From The <b>West</b>
Range of section <b>29</b>	Township <b>21S</b>	Range <b>37E</b>	NMCM, <b>Lea</b> County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>Texas New Mexico Pipe Line Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1510, Midland, Texas</b>
Name of Authorized Transporter of Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Warren Petroleum Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1589, Tulsa, Oklahoma</b>
If well produces oil or liquids, give location of tanks. <b>M 29 21S 37E</b>	Is gas actually connected? <b>Yes</b> When <b>June 22, 1965</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	Gas Well	New Well	Workover	Deeper	Plug Back	Same Res'v.	Diff. Res'v.
Time Spent	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.					
Name of Producing Formation	Top Oil/Gas Day	Tubing Depth						
Corrosions	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.

**Superintendent**

**June 29, 1965**

**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 deeper well, this form must be accompanied by a tabulation of the deviate 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

Separate Forms C-104 must be filed for each pool completed wells.