NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 SANTA FE Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL \$29 9 20 M '65 FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS OPERATOR SINCLAIR OIL CORPORATION PRORATION OFFICE lair Oil Corporation Merged into Atlantic Richfield Company Sinclair Oil & Gas Company Moclive March 4, 1969 Address P. O. Box 1920, Hobbs, New Mexico Reason(s) for filing (Check proper box) Other (Please explain) New dual producing zone of previously single completed producing well. Recompletion Oil Dry Gas Casinghead Gas Condensate Change in Ownership If change of ownership give name and address of previous owner. I. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation State 367 State, Federal or Fee State 1 Blinebry 660 South Line and 660 West 36 **21**S 37E Line of Section , Township Range , NMPM, Lea I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Or Condensate Address (Give address to which approved copy of this form is to be sent) Texas New Mexico Pipeline Company Box 1510, Midland, Texas Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas Warren Petroleum Corp. P. O. Box 1589, Tulsa, Oklahoma Is gas actually connected? If well produces oil or liquids, give location of tanks. 36 **21S** 37E Yes 10-8-65 If this production is commingled with that from any other lease or pool, give commingling order number: **COMPLETION DATA** New Well Plug Back Same Res'v. Diff. Res'v. Designate Type of Completion - (X) (X)Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. 10-8-65 6531 65081 Pool Name of Producing Formation Top Oil/Gas Pay Tubing Depth Blinebry Blinebry 58971 56361 5636, 61, 76, 86, 89, 95, 5707, 13, 23, 26, 42, 53, 64, 5817, 27, 38'. Depth Casing Sho Perforations 6531' TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT 58971 (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks 10-8-65 10-25-65 Pump Casing Pressure Choke Size Tubing Pressure Length of Te 24 hrs. Water-Bbls. . During Test Oil-Bbls. Actual Prou. 80 30 154 GAS WELL Actual From Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure Casing Pressure I. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION APPROVED 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) 10-26-65

(Date)

Orig&4cc: OCC Hobbs, cc: REC, cc:file

County

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 Sections I, II, III, and VI only 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.