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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

Operator Sinclair Oil & Gas Company		
Address P.O. Box 1920, Hobbs, New Mexico		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	New dual producing zone of previously single completed producing well.
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner <i>Paul Henry Zane Spink</i>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 367	Well No. 2	Pool Name, Including Formation Blinbry	Kind of Lease State, Federal or Fee State
Location			
Unit Letter L	660	Feet From The West Line and 1980	Feet From The South
Line of Section 36	Township 21S	Range 37E	NMFM, 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"/> Pernian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None-not yet connected, will be connected when permanent tankage is completed.	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 L	Sec. XX36	Twp. 21S
		Rge. 37E	Is gas actually connected? No

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod. 4-22-65	Total Depth 7676	P.B.T.D. 6552					
Pool Blinbry	Name of Producing Formation Blinbry	Top Oil/Gas Pay 5645	Tubing Depth 5693					
Perforations 5645-5860	Depth Casing Shoe 7676							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE 2-3/8" tubing		DEPTH SET 5693		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 4-22-65	Date of Test 4-22-65	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 18 hrs	Tubing Pressure 225#	Casing Pressure Packer	Choke Size 1/4"
Actual Prod. During Test 76 bbls	Oil-Bbls. 76	Water-Bbls. 0	Gas-MCF 73

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.

FM Singlet
(Signature)

Senior Engineer

(Title)

5-21-65

(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 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.

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