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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

Orig. & 3 cc: OCC Hobbs  
cc: Regional Office  
cc: Transporter  
cc: File

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 type="checkbox"/>	Well completed in new zone and
Recompletion <input type="checkbox"/>	dual completed w/present Drinkard Zone.
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name W. H. Turner	Lease No. 1	Well No. 1	Pool Name, Including Formation Blinebry	Kind of Lease State, Federal or Fee Fee
Location				
Unit Letter L	990	Feet From The West	Line and 2310	Feet From The South
Line of Section 29	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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas, 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp.	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.	Unit L	Sec. 29	Twp. 21S	Rge. 37E	Is gas actually connected? No Yes	When To be connected when permanent battery is set.

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod. 5-13-66		Total Depth 6640'		P.B.T.D. 6617'			
Elevations (DF, RKB, RT, GR, etc.) 3478' GR	Name of Producing Formation Blinebry		Top Oil/Gas Pay 5508'		Tubing Depth 6540'			
Perforations 5508-12-25-34-44-56-70-74-83-94-5602-13-20-38-50-56-65-77-81-5724'					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 6 1/2"	CASING & TUBING SIZE 5"OD 2 3/8"OD		DEPTH SET 6637' 6540'		SACKS CEMENT 300			

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 5-13-66	Date of Test 5-16-66	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 12 hrs.	Tubing Pressure 1220#	Casing Pressure 1550#	Choke Size 17/64"
Actual Prod. During Test 60	Oil-Bbls. 60	Water-Bbls. 0	Gas-MCF 527

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.

  
(Signature)  
SUPERINTENDENT  
(Title)  
June 15, 1966  
(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 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.