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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND HOBBS OFFICE O.C.C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
Orig³cc: OCC, Hobbs
cc: Regional Office
cc: file

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

Nov 21 3 03 PM '66

Operator Sinclair Oil & Gas Company	
Address P. O. Box 1920, Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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. DESCRIPTION OF WELL AND LEASE

Lease Name Elmer C. Hill	Lease No. 2	Well No. 2	Pool Name, including Formation Undesignated <i>Wantz-Abo R-3162</i>	Kind of Lease State, Federal or Fee	Fee
Location					
Unit Letter P	990	Feet From The South	Line and 990	Feet From The East	
Line of Section 26	Township 21S	Range 37E	, NMPM,		Lea County

II. 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 type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 P	Sec. 26	Twp. 21S	Rge. 37E	Is gas actually connected? No
					When To be connected when permanent tank bttty is installed.

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well (X)	Gas Well	New Well (X)	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 9-30-66	Date Compl. Ready to Prod. 11-6-66	Total Depth 7545'	P.B.T.D. 7492'					
Elevations (DF, RKB, RT, GR, etc.) 3379'	Name of Producing Formation Abo	Top Oil/Gas Pay 6674'	Tubing Depth 7033'					
Perforations 6853-72, 78, 94, 96, 6906, 56, 62, 70, 74, 83, 91, 95, 7007-7083, 89, 97, 7126-37, 73, 79, 7241-53, 99, 7303-7308	Depth Casing Shoe 7541'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"OD		334'		370 sacks			
12-1/4"	9-5/8"OD		3202'		950 sacks			
8-3/4"	5-1/2"OD liner		3109-7541'		1365 sacks			

VI. 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 11-6-66	Date of Test 11-20-66	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 60 bbls.	Oil-Bbls. 60	Water-Bbls. 0	Gas-MCF 88

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

III. 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)

November 21, 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.