	as <sub>comme</sub>	<b>-</b>	
NO. OF COPIES RECEIVED			
DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	Form C-104
SANTA FE		FOR ALLOWABLE HOSBS of	Supersedes Old C-104 and C
FILE	NEGOEO!	AND	15. E. U. USflective 1-1-65
	411TH ODITATION TO TO		CAS
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND HATURAH	YS AH '67
LAND OFFICE			01
LEANS BORTER OIL			
TRANSPORTER GAS			
OPERATOR			
PRORATION OFFICE	ALLEN AND THE CASES	RATION Sinclair Oil Corporation	Merged
Operator	SINCLAIR OIL CORPO	RATION Sinclair Oil Corporate	Company
SINCLAIR OIL &	GAS COMPANY	ellection of the 196	9
Address		\$1.50em	
P.O. BOX 1920,	HOBBS, NEW MEXIC	0	
Reason(s) for filing (Check proper box)		Other (Please explain)	
	Change in Transporter of:		
New Well	· T	~	
Recompletion	Oii A Dry C	The brown type MAE	CH 1, 1967
Change in Ownership	Casinghead Gas Cond	lensate Fredity: FAI	(CII 1, 1)07
If change of ownership give name			
and address of previous owner			
DESCRIPTION OF WELL AND L	EASE	Name, Including Formation	Kind of Lease
Lease Name	Lease No.   Well No.   Pool N	Cimon Votos Month	State, Federal or Fee State
Lea 407 State	5 San	Simon Yates North	State, redetat or ree DUAUC
Location			
	* ** 1-1-	660	The West
Unit Letter D ; 660	Feet From The <u>NOTUN</u> L	ine and 660 Feet From	I THE WEST
		_	Comp
Line of Section 33 Town	nship 218 Range	35E , NMPM, Lea	Coun
DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL (	FAS	
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which app	roved copy of this form is to be sent)
1	<b>X</b>		
The Permian Corporat	510 <u>n</u>		lland, Texas 79701 roved copy of this form is to be sent)
Name of Authorized Transporter of Casi	nghead Gas X or Dry Gas	Address (Give address to which app	lith & Wachington
		Phillips Building Odessa Texas Is gas actually connected?	, 4th & washington
Phillips Pet. Compar	Unit Sec. Twp. Rge.	Is as actually connected?	Vhen .
If well produces oil or liquids,	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes	1-7-59
give location of tanks.	D 33 21S 35E	100	
If this production is commingled with	hat from any other lease or poo	ol, give commingling order number:	
COMPLETION DATA	Time from any contract of		
	Oil Well Gas Well	New Well Workover Deepen	
Designate Type of Completion		1 1	Plug Back   Same Restv. Diff. Re
		) 1 J	Plug Back   Same Restv. Diff. Re
	n – (X)		
Date Spudded		Total Depth	Plug Back Same Res'v. Diff. Re
	n – (X)		P.B.T.D.
Date Spudded	n – (X)		
	n — (X)  Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded	n — (X)  Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded	n — (X)  Date Compl. Ready to Prod.	Total Depth	P.B.T.D.  Tubing Depth
Date Spudded  Elevations (DF, RKB, RT, GR, etc.)	n - (X)  Date Compl. Ready to Prod.  Name of Producing Formation	Total Depth  Top Oil/Gas Pay	P.B.T.D.  Tubing Depth
Date Spudded  Elevations (DF, RKB, RT, GR, etc.)	n - (X)  Date Compl. Ready to Prod.  Name of Producing Formation	Total Depth  Top Oil/Gas Pay	P.B.T.D.  Tubing Depth
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Date Spudded  Elevations (DF, RKB, RT, GR, etc.)  Perforations  HOLE SIZE  TEST DATA AND REQUEST FOOIL WELL	Date Compl. Ready to Prod.  Name of Producing Formation  TUBING, CASING, A  CASING & TUBING SIZE	Total Depth  Top O!l/Gas Pay  AND CEMENTING RECORD  DEPTH SET  e after recovery of total volume of load of depth or be for full 24 hours)	P.B.T.D.  Tubing Depth  Depth Casing Shoe  SACKS CEMENT  oil and must be equal to or exceed top a
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Date Spudded  Elevations (DF, RKB, RT, GR, etc.)  Perforations  HOLE SIZE  TEST DATA AND REQUEST FOOIL WELL  Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test	Date Compl. Ready to Prod.  Name of Producing Formation  TUBING, CASING, A  CASING & TUBING SIZE  DR ALLOWABLE (Test must be able for this  Date of Test  Tubing Pressure	Total Depth  Top Oil/Gas Pay  AND CEMENTING RECORD  DEPTH SET  e after recovery of total volume of load of depth or be for full 24 hours)  Producing Method (Flow, pump, gas Casing Pressure	P.B.T.D.  Tubing Depth  Depth Casing Shoe  SACKS CEMENT  oil and must be equal to or exceed top of lift, etc.)  Choke Size
Date Spudded  Elevations (DF, RKB, RT, GR, etc.)  Perforations  HOLE SIZE  TEST DATA AND REQUEST FOOIL, WELL  Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test	Date Compl. Ready to Prod.  Name of Producing Formation  TUBING, CASING, A  CASING & TUBING SIZE  DR ALLOWABLE (Test must be able for this  Date of Test  Tubing Pressure  Oil-Bble.	Total Depth  Top Oil/Gas Pay  AND CEMENTING RECORD  DEPTH SET  e after recovery of total volume of load of depth or be for full 24 hours)  Producing Method (Flow, pump, gas  Casing Pressure  Water-Bbis.	P.B.T.D.  Tubing Depth  Depth Casing Shoe  SACKS CEMENT  Sil and must be equal to or exceed top of lift, etc.)  Choke Size  Gas-MCF  Gravity of Condensate
Date Spudded  Elevations (DF, RKB, RT, GR, etc.)  Perforations  HOLE SIZE  TEST DATA AND REQUEST FOOIL WELL  Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D	Date Compl. Ready to Prod.  Name of Producing Formation  TUBING, CASING, A  CASING & TUBING SIZE  DR ALLOWABLE (Test must be able for this  Date of Test  Tubing Pressure  Oil-Bble.	Total Depth  Top Oil/Gas Pay  AND CEMENTING RECORD  DEPTH SET  e after recovery of total volume of load of depth or be for full 24 hours)  Producing Method (Flow, pump, gas  Casing Pressure  Water-Bbis.	P.B.T.D.  Tubing Depth  Depth Casing Shoe  SACKS CEMENT  Sill and must be equal to or exceed top of lift, etc.)  Choke Size  Gas-MCF
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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.

(Title)

<u>Superintendent</u>

2-23-67 (Date)

		•	
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.