

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

AUG 30 7 45 AM '65

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

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. Operator  
**Charles B. Read**  
Address  
**P. O. Box 1822, Roswell, New Mexico**  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
Lease Name **Sinclair State** Well No. **1** Pool Name, including Formation **Lynch, Yates - Seven Rivers** Kind of Lease **State, Federal or Fee** **State**  
Location  
Unit Letter **S** ; **2310** Feet From The **South** Line and **2310** Feet From The **West**  
Line of Section **2** , Township **21S** Range **33E** , NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
**McWood Corporation** Address (Give address to which approved copy of this form is to be sent)  
**P. O. Box 330, Abilene, Texas**  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐  
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 **S** Sec. **2** Twp. **21S** Rge. **33E** Is gas actually connected? **none** When

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded <b>July 21, 1965</b>	Date Compl. Ready to Prod. <b>August 27, 1965</b>		Total Depth <b>3783'</b>		P.B.T.D. <b>3783'</b>			
Pool <b>Lynch</b>	Name of Producing Formation <b>Yates - Seven Rivers</b>		Top Oil/Gas Pay <b>3781'</b>		Tubing Depth <b>3082.68' GL</b>			
Perforations <b>None</b>					Depth Casing Shoe <b>3783'</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>15"</b>	<b>12-3/4" 42# J-55</b>		<b>357' KB</b>		<b>350 ex. circ. to sur.</b>			
<b>8"</b>	<b>4-1/2" 9.5# J-55</b>		<b>3783' KB</b>		<b>100 ex.</b>			
	<b>2-3/8" 4.5# J-55 thg.</b>		<b>3082.68' GL</b>		<b>none</b>			

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 **August 26, 1965** Date of Test **August 26, 1965** Producing Method (Flow, pump, gas lift, etc.) **Pumping**  
Length of Test **24 hrs.** Tubing Pressure **none** Casing Pressure **none** Choke Size **2" tubing**  
Actual Prod. During Test **41 bbl. oil** Oil-Bbls. **41** Water-Bbls. **.3 of 1%** Gas-MCF **none**

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.  
**Charles B. Read**  
(Signature)  
Operator (Title)  
**August 27, 1965**  
(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.