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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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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.**

**Company:** **Sinclair Oil & Gas Company**

**Address:** **P. O. Box 1920, Hobbs, New Mexico**

Reason(s) for filing (Check proper box)      Other (Please explain)

New Well       Change in Transporter of:     

Change in Location       Oil       Dry Gas

Change in Ownership       Gas in Header Gas       Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Well No. <b>4</b>	Pool Name, Including Formation <b>Drinkard</b>	Kind of Lease State, Federal or Fee <b>Fee</b>
Unit Letter <b>P</b>	990 Feet From The <b>East</b> Line and 330 Feet From The <b>South</b>	
Section <b>23</b>	Township <b>21S</b>	Range <b>37E</b> , RMPA, <b>Lea</b> 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"/> <b>Texas New Mexico Pipeline Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1510, Midland, Texas</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Warren Petroleum Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1589, Tulsa, Oklahoma</b>
If well produces oil or liquids, give location of tanks. Unit <b>0</b> Sec. <b>23</b> Twp. <b>21S</b> Rge. <b>37E</b>	Is gas actually connected? <b>Yes</b> When <b>4-12-65</b>

If this production is commingled with that from any other lease or pool, give commingling order number: **PC - 219**

**IV. COMPLETION DATA**

Designate Type of Completion - (X) <b>X</b>	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date Compl. Ready to Prod. <b>2-1-65</b>	Date Compl. Ready to Prod. <b>4-10-65</b>
Total Depth <b>7275'</b>	P.B.T.D. <b>7232'</b>
Name of Producing Formation <b>Drinkard</b>	Top Oil/Gas Pay <b>6476-6586'</b>
Tubing Depth <b>6300'</b>	Depth Casing Shoe <b>Liner (3071-7275')</b>

**6476-88', 6503-08', 34', 58', 67', 79', 82', 84' & 86'.**

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13-3/8"	335'	400Sax
12 1/2"	9-5/8"	3184'	1360Sax
8-3/4"	7"	3071-7275'	1011Sax
	2-3/8"	6685'	

**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 Flow to Tanks <b>4-10-65</b>	Date of Test <b>4-10-65</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flow</b>
Length of Test <b>14 hrs.</b>	Tubing Pressure <b>200#</b>	Casing Pressure <b>Pkr.</b> Choke Size <b>20/64"</b>
Actual Prod. During Test <b>79 Bbls</b>	Oil-Bbls. <b>79 Bbls.</b>	Water-Bbls. <b>0 Bbls.</b> Gas-MCF <b>52</b>

**GAS WELL**

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Producing 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  
 4-12-65  
 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.

Orig&2cc: OCC, Hobbs, cc; RFS, cc:file