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U.S.G.S.	
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

AUG 4 10 22 AM '65

Operator Sinclair Oil & Refining Corporation	
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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sarkys	Well No. 5	Pool Name, including Formation Tubb	Kind of Lease State, Federal or Fee Fee
Location			
Unit Letter 0	1980	Feet From The East Line and 660	Feet From The South
Line of Section 23	Township 21S	Range 37E	NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company	Jal, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit 0 Sec. 23 Twp. 21S Rge. 37E	Is gas actually connected? No When 7/10

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.
		(X)	(X)					
Date Spudded 5-14-65	Date Compl. Ready to Prod. 7-31-65	Total Depth 7284'	P.B.T.D. 7252'					
Pool Tubb	Name of Producing Formation Tubb	Top Oil/Gas Pay 6120'	Tubing Depth 6140'					
Perforations 6120', 24', 28', 42', 54', 58', 62', 66', 79', 87', 94', 6202', 08', 13', 28', 40', 52', 58', 64', 19'.		Depth Casing Shoe 7284'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/4"	13-3/8"CD		367'		400			
11"	8-5/8"CD		3210'		1685			
7-7/8"	5-1/2"CDliner		3010-7284'		1050			

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)

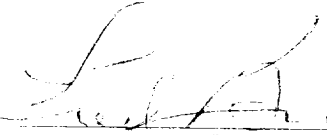
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 860	Length of Test 12 hrs.	Bbls. Condensate/MMCF 2	Gravity of Condensate 52.2
Testing Method (pitot, back pr.) Back pr.	Tubing Pressure 1050#	Casing Pressure 1125#	Choke Size 1/4"

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)
8-3-65
(Date)

Orig&2cc: OCC Hobbs, cc:Mr.RFC, cc:file

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.