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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
Orig&cc: OCC, Hobbs, New Mexico
cc: Regional Office
cc: file

Operator	Sinclair Oil & Gas Company	Sinclair Oil Corporation Merged into Atlantic Richfield Company effective March 4, 1967
Address	P. O. Box 1920, Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	Other (Please explain)	
Flow line <input type="checkbox"/>	Change in Transporter of:	
Completion <input checked="" 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease
S. J. Sarkeys		6	Drinkard	State, Federal or Fee
Location				
Unit Letter	J	2310	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 checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas New Mexico Pipeline Company	Box 1510, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Warren Petroleum Corporation	Box 1589, Tulsa, Oklahoma					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	0	23	21S	37E	Yes	1-28-67

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

V. COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well (X)	Gas Well	New Well	Workover	Deepen	Plug Back (X)	Same Res'v.	Diff. Res'v. (X)
Date Spudded 6-10-65	Date Compl. Ready to Prod. 1-27-67	Total Depth	7370'		P.B.T.D.	6635'		
Elevations (DF, RKB, RL, CR, etc.) 3368' GR	Name of Producing Formation	Drinkard		Top Oil/Gas Pay	6432		Tubing Depth	6449'
Perforations	6432, 43, 51, 59, 75, 88, 6503, 25, 30, 38, 54, 61, 83, 6600-03, 11'					Depth Casing Shoe	7370'	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/4"	13-3/8"OD		382'		400			
11"	8-5/8"OD		3209'		1175			
7-7/8"	5-1/2"OD liner		3052-7370'		850			
	2-3/8"OD		6449'					

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	1-27-67	Date of Test	1-28-67	Producing Method (Flow, pump, gas lift, etc.)	Flow
Length of Test	24 hrs.	Tubing Pressure	175#	Casing Pressure	Pkr
Actual Prod. During Test	130 Bbls.	Oil - Bbls.	130 Bbls.	Water - Bbls.	0 Bbls.
				Gas - MCF	29

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VII. 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

(Signature)

(Title)

January 30, 1967

(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.