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| 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

9-22-65

| | | |
|-----------------------------------------------------|-----------------------------------------------------------------------------|------------------------|
| Operator Sinclair Oil & Gas Company | | |
| Address P. O. Box 1920, Hobbs, New Mexico | | |
| Reason(s) for filing (Check proper box) | | Other (Please explain) |
| 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"/> | |

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | |
|------------------------------|----------------------|----------------------------------------------------|---------------------------------------------------|
| Lease Name Sarkeys | Well No. 6 | Pool Name, including Formation Wants Abo | Kind of Lease State, Federal or Fee Fee |
| Location | | | |
| Unit Letter J | 2310 | Feet From The South Line and 1980 | Feet From The East |
| Line of Section 23 | Township 21S | Range 37E | NMPM, Lee 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"/> Texas-New Mexico Pipeline Co. | Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation | Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Oklahoma | |
| If well produces oil or liquids, give location of tanks. | Unit 0 | Sec. 23 |
| | Twp. 21S | Rge. 37E |
| | Is gas actually connected? Yes | When 9-22-65 |

If this production is commingled with that from any other lease or pool, give commingling order number: **Adm Order PC 219 as amended 4-14-65.**

IV. COMPLETION DATA

| | | | |
|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------|
| Designate Type of Completion - (X) | Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'tv. <input type="checkbox"/> Diff. Res'tv. <input type="checkbox"/> | | |
| Date Spudded 6-10-65 | Date Compl. Ready to Prod. 9-22-65 | Total Depth 7370' | P.B.T.D. 7335' |
| Pool Wants Abo | Name of Producing Formation Abo | Top Oil/Gas Pay 6898' | Tubing Depth 7279' |
| Perforations 6984-89, 94, 7048, 66, 86, 7101-24, 71, 99, 7209-20 w/24-3/8" holes | | | Depth Casing Shoe 7370' |
| 6898-6905, 11, 16, 21, 31, 7004-20, 91, 7102-33', 38, 70, 7221-36, 51, 89, 7305-10, 15, 25' w/42 3/8" holes. | | | |
| 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 | 7279' | |

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 9-22-65 | Date of Test 9-22-65 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 hrs. | Tubing Pressure - | Casing Pressure - | Choke Size 2" x 1-1/4" pump |
| Actual Prod. During Test 15 Bbls. | Oil-Bbls. 15 Bbls. | Water-Bbls. 0 Bbls. | Gas-MCF TSTM |

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.

Senior Engineer
September 27, 1965

Orig:2cc: OCO Hobbs, cc: REC,Jr., 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.

