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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND ~~HOBBBS~~ OFFICE O.C.C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
DEC 7 1 21 PM '66

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

I. Operator
Sinclair Oil & Gas Company
Address
Shell Oil Company (Western Division) P. O. Box 1509, Midland, Texas 79701
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)
**Recompleted from Bone Spring to Morrow Gas.
Please cancel Bone Spring Allowable**

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
South Wilson Deep Unit	2	Grama Ridge (Morrow) Morrow	State, Federal or Fee State	E-7574
Location: Unit Letter J 1980 Feet From The south Line and 1980 Feet From The east Line of Section 33 Township 21S Range 34E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
McWood Corporation (Trucks)	2003 Wilco Building, Midland, Texas 79701					
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)					
Phillips Petroleum Company	Room B2, Phillips Bldg., Odessa, Texas 79760					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	33	21S	34E	yes	November 1, 1966

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"/>				<input checked="" type="checkbox"/>
Date Spudded March 5, 1966	Date Compl. Ready to Prod. November 29, 1966		Total Depth 13,403'		P.B.T.D. 13,350'			
Elevations (DF, RKB, RT, GR, etc.) 3656' DF	Name of Producing Formation Morrow Gas		Top Gas/Gas Pay 13,029'		Tubing Depth 11,394'			
Perforations 13,029' - 13,252' (Gross Interval)					Depth Casing Shoe 13,396'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		375'		400			
12 1/4"	9 5/8"		5706'		1300			
8 3/4"	7"		11,900'		650			
6"	4 1/2" liner		11,593' - 13,396'		225			

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 4.635	Length of Test 24 hrs.	Bbls. Condensate/MMCF 5.5	Gravity of Condensate 50.5° API
Testing Method (pitot, back pr.) Back pressure	Tubing Pressure (shut-in) 3374 psi	Casing Pressure (shut-in) -	Choke Size 24/64"

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.

Shell Oil Company as Sub-Operator and agent.

K. W. Lagrone
(Signature)

Division Production Superintendent

(Title)

December 5, 1966

(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.