

INCLINATION REPORT

OPERATOR Atlantic Richfield Company ADDRESS PO Box 1710, Hobbs, New Mexico 88240
 LEASE NAME Sinclair State WELL NO. 2 FIELD _____
 LOCATION Section 24, T-21-S, R-35-E, Lea County New Mexico

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
350	1/4	1.5400	1.5400
529	1/4	.7876	2.3276
776	1/2	2.1489	4.4765
1170	3/4	5.1614	9.6379
1420	3/4	3.2750	12.9129
1750	1	5.7750	18.6879
1979	1	4.0075	22.6954
2229	1	4.3750	27.0704
2478	1 1/4	5.4282	32.4986
2726	1 1/2	6.5976	38.9962
3030	1 1/4	6.6272	45.6234
3280	1 1/2	6.5500	52.1734
3389	2 1/2	4.7524	56.9258
3874	2	16.9265	73.8523
4000	2	4.3974	78.2497

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

CACTUS DRILLING COMPANY

John Ayers

TITLE John Ayers, Office Manager

AFFIDAVIT:

Before me, the undersigned authority, appeared John Ayers
 known to me to be the person whose name is subscribed herebelow, who, on making
 deposition, under oath states that he is acting for and in behalf of the operator
 of the well identified above, and that to the best of his knowledge and belief such
 well was not intentionally deviated from the true vertical whatsoever.

John Ayers
 AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 1st day of November, 1978

James E. Myrick
 Notary Public in and for the County
 of Lea, State of New Mexico

MY COMMISSION EXPIRES MARCH 1, 1980

SEAL

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

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. Operator
Atlantic Richfield Company

Address
P. O. Box 1710, Hobbs, New Mexico 88240

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) THIS MUST NOT BE
3/1/79
IS OBTAINED.

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sinclair State	Well No. 2	Pool Name, Including Formation Eumont Yates 7 R Queen	Kind of Lease State, Federal or Fee State
Location Unit Letter N ; 990 Feet From The South Line and 2310 Feet From The West Line of Section 24 , Township 21S Range 35E , 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit N Sec. 24 Twp. 21S Rge. 35E Is gas actually connected? No When

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 <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 10-19-78	Date Compl. Ready to Prod. 12-1-78	Total Depth 4003'	P.B.T.D. 3956'					
Pool Eumont	Name of Producing Formation Yates 7 R Queen	Top Oil/Gas Pay 3733'	Tubing Depth 3860'					
Perforations 3733-3835', 3891-3896'			Depth Casing Shoe 4003'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 11"	CASING & TUBING SIZE 8-5/8" OD		DEPTH SET 350'		SACKS CEMENT 200 sx plus 2 yd R-M			
7-7/8"	4-1/2" OD		4003'		1720 sx			
	2-3/8" OD		3860'					

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 12-1-78	Date of Test 12-7-78	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test 13	Oil - Bbls. 9	Water - Bbls. 4	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.

A. L. Shackelford
(Signature)
Accountant I
(Title)
12-8-78
(Date)

OIL CONSERVATION COMMISSION
APPROVED DEC 15 1978
BY Jerry L. L...
TITLE SUPERVISOR DISTRICT I

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.