

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

I. Operator **SINCLAIR OIL CORPORATION**
Address **P. O. Box 1920, 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)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name R. L. Brunson	Lease No. 5	Well No. 5	Pool Name, Including Formation Brunson Ellenburger	Kind of Lease State, Federal or Fee Fee
Location Unit Letter J , 1980 Feet From The South Line and 1980 Feet From The East Line of Section 4 Township 22S 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, Texas 79701
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. J 4 22S 37E	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) X	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input checked="" type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'tv. <input type="checkbox"/> Diff. Res'tv. <input checked="" type="checkbox"/>		
Date Spudded 6-11-46	Date Compl. Ready to Prod. 11-24-67	Total Depth 3832'	P.B.T.D. 7594
Elevations (DF, RKB, RT, GR, etc.) 3450GR	Name of Producing Formation Ellenburger	Top Oil/Gas Pay 7504'	Tubing Depth 7659'
Perforations 7687 - 7781'			Depth Casing Shoe 3832'
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE 17-1/8"	CASING & TUBING SIZE 13 3/8" OD	DEPTH SET 295	SACKS CEMENT 300
12-1/4"	8 5/8" OD	2978	1000
7-3/8"	5 1/2" OD	7828	600
	2 3/8" OD	7659	Tubing

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 11-1-67	Date of Test 11-24-67	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hr.	Tubing Pressure 0	Casing Pressure 0	Choke Size
Actual Prod. During Test 42 Bbls.	Oil-Bbls. 18	Water-Bbls. 24	Gas-MCF 20

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.

L. M. Hernandez
(Signature)
Engineer
(Title)
November 27, 1967
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY **J. L. Hamey**
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.