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

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

Supersedes Old C-104 and C-110
Effective 1-1-65REQUEST FOR ALLOWABLE BBBS OFFICE O. C. C.
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Orig³cc: OCC, Hobbs
cc: Regional Office
cc: file

MAY 29 3 27 PM '68

Operator SINCLAIR OIL CORPORATION SINCLAIR OIL & GAS COMPANY		Sinclair Oil Corporation Merged into Atlantic Richfield Company effective March 4, 1969	
Address P. O. Box 1920, Hobbs, New Mexico 88240			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:		
Recompletion <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

DESCRIPTION OF WELL AND LEASE		Lease No.		Well No.	Pool Name, including Formation	Kind of Lease	Fee	
Lease Name Wimberly N				3	Justis Blinebry	State, Federal or Fee		
Location								
Unit Letter	D	660	Feet From The	North	Line and	660	Feet From The	West
Line of Section	24	Township	25S	Range	37E	NMPM,	Lea	County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Texas New Mexico Pipeline Company	P. B. Box 1510, Midland, Texas 79701				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	El Paso Natural Gas Company	Jal, New Mexico 88252				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	24	25S	37E	Yes	5-28-68

If this production is commingled with that from any other lease or pool, give commingling order number: PC - 263

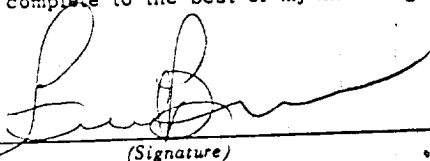
V. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)		(X)			(X)				(X)
Date Spudded Commenced 5-21-68	Date Compl. Ready to Prod. 5-28-68	Total Depth 8635'		P.B.T.D. 5517'					
Elevations (DF, RKB, RT, GR, etc., 3085.4 GR	Name of Producing Formation Blinebry	Top Oil/Gas Pay 5200'		Tubing Depth 5206'					
Perforations 5200-02-16-65-73-75-92', 5324-29-51-60', 5429-37-62-64- 67-85-5508'	Depth Casing Shoe 7375'								
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
17-1/2"	9-5/8"OD	3400'		600					
8-3/4"	7"OD	7375'		850					
	2-3/8"OD	5206'							

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 5-28-68	Date of Test 5-30-68	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 600#	Casing Pressure 860#	Choke Size 21/64"
Actual Prod. During Test 170	Oil-Bbls. 170	Water-Bbls. 0	Gas-MCF 748

GAS WELL		Bbls. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test				
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.



Superintendent

(Title)

May 30, 1968

(Date)

OIL CONSERVATION COMMISSION

APPROVED

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.