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

NEW MEXICO OIL CONSERVATION COMMISSION

## REQUEST FOR ALLOWABLE C.

Form C-104

Supersedes Old C-104 and C-110  
Effective 1-1-65HOBBS OFFICE U. S. C. 5 9 00 AM '68  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASOrig & cc: OCC, Hobbs  
cc: Regional Office  
cc: file

I. OPERATOR	
Operator <b>SINCLAIR OIL CORPORATION</b> <del>Sinclair Oil Corporation Merged into Atlantic Richfield Company effective March 4, 1969</del>	
Address <b>P. O. Box 1920, Hobbs, New Mexico 88240</b>	
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

Note - Cancel Justis Paddock

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Wimberly WN</b>	Lease No. <b>6</b>	Well No. <b>6</b>	Pool Name, Including Formation <b>Justis Tubb Drinkard</b>	Kind of Lease State, Federal or Fee	Fee
Location					
Unit Letter <b>D</b>	<b>990</b>	Feet From The <b>West</b>	Line and <b>660</b>	Feet From The <b>North</b>	
Line of Section <b>24</b>	Township <b>25S</b>	Range <b>37E</b>	NMPM, <b>Lea</b>		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"/> <b>Texas New Mexico Pipeline Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1510, Midland, Texas 79701</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>El Paso Natural Gas Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Jal, New Mexico 88252</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>D</b>	Sec. <b>24</b>	Twp. <b>25S</b>	Rge. <b>37E</b>	Is gas actually connected? <b>Yes</b>	When <b>7-1-68</b>

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

PC-263

## IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well (X)	Gas Well	New Well	Workover (X)	Deepen	Plug Back	Same Res'v.	Diff. Res'v. (X)
Date Spudded Commenced <b>6-11-68</b>	Date Compl. Ready to Prod. <b>7-1-68</b>	Total Depth <b>7090'</b>	P.B.T.D. <b>7005'</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3082' GR</b>	Name of Producing Formation <b>Justis Tubb Drinkard</b>	Top Oil/Gas Pay <b>5754'</b>	Tubing Depth <b>5718'</b>					
Perforations <b>5754-56-71-76-5853-5908-12-15-18-22-24-26-30-42-44-52-69-71'</b>			Depth Casing Shoe <b>7090'</b>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>17-1/2</b>	<b>13-3/8"OD</b>	<b>516'</b>	<b>550</b>					
<b>12-1/4</b>	<b>9-5/8"OD</b>	<b>3375'</b>	<b>1250</b>					
<b>8-3/4</b>	<b>7"OD</b>	<b>7090'</b>	<b>720</b>					

## 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 <b>7-1-68</b>	Date of Test <b>7-2-68</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flow</b>	
Length of Test <b>12 hrs.</b>	Tubing Pressure <b>125#</b>	Casing Pressure <b>Sealed</b>	Choke Size <b>1/2"</b>
Actual Prod. During Test <b>83 bbls.</b>	Oil - Bbls. <b>81</b>	Water - Bbls. <b>2</b>	Gas - MCF <b>149</b>

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

(Signature)  
Superintendent

(Title)

July 4, 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.