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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

## NEW MEXICO OIL CONSERVATION COMMISSION

## REQUEST FOR ALLOWABLE

AND <sup>HOBBS OFFICE O.C.C.</sup>  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASOrig<sup>&</sup>cc: OCC, Hobbs  
cc: Regional Office  
cc: fileForm C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

JUN 10 11 07 AM '68

Operator SINCIA IR OIL & GAS COMPANY	
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 <i>Canal Justis Pl. Allow</i>	

Lease Name Wimberly WN		Lease No.	Well No. 6	Pool Name, Including Formation Justis Fusselman	Kind of Lease State, Federal or Fee Fe
Location					
Unit Letter D	990	Feet From The West	Line and 660	Feet From The North	
Line of Section 24	Township 25S	Range 37E	, NMPM,		Lea County

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
Texas New Mexico Pipeline Company		P. O. Box 1510, Midland, Texas 79701			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural Gas Company		Jal, New Mexico 88252			
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 24	Twp. 25S	Rge. 37E	Is gas actually connected? When Yes 6-7-68

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

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 5-22-68	Date Compl. Ready to Prod. 6-7-68	Total Depth 7090'		P.B.T.D. 7005'					
Elevations (DF, RKB, RT, GR, etc.) 3082' GR	Name of Producing Formation Fusselman	Top Oil/Gas Pay 6836'		Tubing Depth 6728'					
Perforations 6836-37-38-39-66-67-68-69, 6902- 03-07- 08-09-10-14-17-20-21-22 and 23'.		Depth Casing Shoe 7090'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2	13-3/8"OD		516'		550				
12-1/4	9-5/8"OD		3375'		1250				
8-3/4	7"OD		7090'		720				

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 6-7-68	Date of Test 6-10-68	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 75#	Casing Pressure Sealed	Choke Size 1/4"
Actual Prod. During Test 192 bbls.	Oil-Bbls. 186	Water-Bbls. 6	Gas-MCF 89

## 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.

*[Signature]*  
(Signature)

Superintendent

(Title)

June 10, 1968

(Date)

## OIL CONSERVATION COMMISSION

JUN 11 1968

APPROVED

BY

TITLE

Geologist

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.