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

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

Nov 9 12 AM '65

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

II. DESCRIPTION OF WELL AND LEASE		Well No. 10		Pool Name, Including Formation Justis Tubb Drinkard R-3051		Kind of Lease State, Federal or Fee		Fee	
Lease Name Wimberly WN									
Location									
Unit Letter F		1980		Feet From The North		Line and 2309		Feet From The West	
Line of Section 23		Township 25S		Range 37E		NMPM,		Lea County	

III. 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 Pipe Line Company					Box 1510, Midland, Texas				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company					Address (Give address to which approved copy of this form is to be sent) Jal, New Mexico				
If well produces oil or liquids, give location of tanks.		Unit D	Sec. 24	Twp. 25S	Rge. 37E	Is gas actually connected? Yes		When 10-1-65	

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

IV. COMPLETION DATA		Oil Well (X)		Gas Well		New Well (X)		Workover		Deepen		Plug Back		Same Res'v.		Diff. Res'v.	
Designate Type of Completion - (X)		(X)				(X)											
Date Spudded 8-13-65		Date Compl. Ready to Prod. 11-3-65		Total Depth 6100'		P.B.T.D. 6067'											
Pool Justis Tubb Drinkard		Name of Producing Formation Tubb		Top Oil/Gas Pay 5814'		Tubing Depth 5785'											
Perforations 5814, 23, 34, 37, 45, 57, 71, 76, 99, 5904, 23, 34, 38, 67, 75'.						Depth Casing Shoe 6100'											
TUBING, CASING, AND CEMENTING RECORD																	
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT											
12-1/4"		9-5/8"OD		956'		500											
8-3/4"		7"OD		6100'		1060											

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 10-1-65		Date of Test 11-3-65		Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.		Tubing Pressure -		Casing Pressure -	
Actual Prod. During Test 48 bbls.		Oil-Bbls. 16		Water-Bbls. 32	
				Gas-MCF 11	

GAS WELL		Bbls. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test-MCF/D		Length of Test		Casing Pressure	
Testing Method (pitot, back pr.)		Tubing Pressure		Choke Size	

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19____	
BY _____		BY _____	
TITLE _____		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 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.			
Superintendent (Signature) 11-8-65 (Date)			
Orig:4cc: OGC Hobbs, cc: REC, cc: file			