NC. OF COPIES RECEIVED 3-

NC. OF COPIES RECEIVED		The state of the s	g. & cer OCC-Hobbs	
DISTRIBUTION	NEW MEYICO CU	CONSERVATION COMMISSION	cc: For MAPL, REC, File	
SANTA FE		FOR ALLOWABLE	Form © 104 Supersedes Old C-104 and C	
FILE	INCAGES!	AND	Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	L GAS	
LAND OFFICE				
IRANSPORTER OIL	 			
OPERATOR	+			
PRORATION OFFICE	+			
Operator		Sinclair Oil C	Corporation Merged	
Sinclair Oil	& Gas CompanNCLAIR OIL CO	ORPORALON Into Atlantic 1	Richfield Company	
Address		effective Marc	h 4, 1969	
	bs, New Mexico, 88240			
Reason(s) for filing (Check prope	r box)	Other (Please explain)		
New Well	Change in Transporter of:		h Change (Production	
Recompletion Change in Ownership	Oil Dry G	1 ()	1 Jalmat Production)	
olidings in Owlership	Casinghead Gas Conde	ensate		
If change of ownership give na				
and address of previous owner				
DESCRIPTION OF WELL A	ND LEASE			
Lease Name		ame, Including Formation	Kind of Lease	
	WN 5 Las	nglie Mattix	State, Federal or Fee	
Location				
Unit Letter;	1650 Feet From The North Li	ine and 990 Feet Fro	om The Rast	
	al a	0.6		
Line of Section 2	, Township 245 Range	36E , NMPM,	Lea County	
DESIGNATION OF TRANSF	ODTED OF OIL AND NATURAL O	A G		
Name of Authorized Transporter of	ORTER OF OIL AND NATURAL G. of Oil or Condensate	Address (Give address to which an	proved copy of this form is to be sent)	
Texas-New Next co Pi	De Iine Company		•	
Name of Authorized Transporter of	Texas-New Hexico Pipe Line Company Name of Authorized Transporter of Casinghead Gas or Dry Gas		Box 1510, Hidland, Texas Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Ga		Jal, New Mexico		
If well produces oil or liquids,	Unit Sec. Twp. Rge.		When	
give location of tanks.	H 211 245 36B	Yes	Unknown	
If this production is commingle	d with that from any other lease or pool,	give commingling order number:		
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen		
Designate Type of Comp	letion - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
			1.0.1.0.	
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
		D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
TEST DATA AND REQUES	FOR ALLOWABLE. (Test must be a	after recovery of total volume of load o	oil and must be equal to or exceed top allow	
OIL WELL	able for this de	epth or be for full 24 hours)	iii and must be equal to or exceed top allow	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
T				
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.		
		water - Bbis.	Gas-MCF	
1				
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	
CERTIFICATE OF COMPLI	ANCE	OIL CONSERV	ATION COMMISSION	
• • •				
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED, 19		
above is true and complete to	the best of my knowledge and belief.	BY TO	Clane	
	//	1	"	
· 4-1	19	(J7LE		
- I	Hans	1	n compliance with RULE 1104.	
- Cler	Signature)		owable for a newly drilled or deepened	
		well, this form must be accomp tests taken on the well in acc	panied by a tabulation of the deviation ordance with RULE 111.	
Superin	tendent (Title)	All sections of this form must be filled out completely for allow-		
June 14		able on new and recompleted v		
	(Date)		 and VI only for changes of owner, orter, or other such change of condition. 	

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.