

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico
(Place)

12-2-52
(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Sinclair Oil & Gas Company (Company or Operator) H. E. West "B" (Lease), Well No. 6, in SW 1/4 NW 1/4,
E Sec. 4, T. 17 S, R. 31 E, NMPM., Square Lake Pool
(Unit)
Eddy County. Date Deepened 11-9-52, Date Completed 11-29-52

Please indicate location:

Elevation 3937 Total Depth 3556 P.B. 3555

Top oil/gas pay 3526 Top of Prod. Form 3526

Casing Perforations: _____ or

Depth to Casing shoe of Prod. String _____

Natural Prod. Test 20 BOPD

based on 20 bbls. Oil in 24 Hrs. _____ Mins.

Test after acid or shot Stabbed 57 barrels 11-28-52 BOPD

Based on 57 bbls. Oil in 24 Hrs. _____ Mins.

Gas Well Potential _____

Size choke in inches _____

Date first oil run to tanks or gas to Transmission system: 11-28-52

Transporter taking Oil or Gas: Artesia Pipe Line Company

Remarks: Well deepened from 3314 to 3556 to increase production.

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved DEC 8 1952, 19 _____

Sinclair Oil & Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: [Signature]
(Signature)

By: [Signature]

Title Dist. Supt.

Title OIL AND GAS INSPECTOR

Send Communications regarding well to:

Name Sinclair Oil & Gas Company

Address Box 1927 Hobbs, New Mexico