

RECEIVED
AUG 10 1961

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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 new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Robbs, New Mexico
(Place)

August 9, 1961
(Date)

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

Sinclair Oil & Gas Company
(Company or Operator)

Turner #3
(Lease)

Well No. 70, in SW $\frac{1}{4}$ SE $\frac{1}{4}$,

J
Unit Letter

Sec. 20

T. 17N

R. 31E

NMPM.

Carysburg-Jackson

Pool

Ready

County. Date Spudded 5-12-61

Date Drilling Completed 7-21-61

Please indicate location:

Elevation 3600

Total Depth 3600

FBTD 3570

Top Oil/Gas Pay 2728

Name of Prod. Form. Carysburg

PRODUCING INTERVAL -

Perforations 3045-50, 3051-70, 3075-3100

Open Hole

Depth

Depth

Casing Shoe

3600

Tubing

2910

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 51 bbls. oil, 0 bbls. water in 24 hrs, 0 min. Size 3/4"

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 500 gals acid, 15,000 gal-15,000 lb sand, 15 gal

Casing Tubing Date first new Press. 115 Press. 50 oil run to tanks August 4, 1961

Oil Transporter Turner-New Mexico P.L. Co.

Gas Transporter Shelley Oil Co.

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>2-5/8</u>	<u>512</u>	<u>200</u>
<u>2-1/2</u>	<u>1500</u>	<u>250</u>
<u>2-3/8</u>	<u>1500</u>	<u>700</u>

Remarks:

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

Approved _____, 19____

Sinclair Oil & Gas Company
(Company or Operator)

By: E.R. Wood
(Signature)

Title: Asst Dist Engr
Send Communications regarding well to:

Name: E.R. Wood

Address: 520 E Broadway, Hobbs, N.M.

OIL CONSERVATION COMMISSION

By: M.L. Armstrong

Title: OIL AND GAS INSPECTOR

Originals: OCS; on NFD, M, File

OIL CONSERVATION COMMISSION		
AFRICA DISTRICT OFFICE		
No. Copies Received 7		
DISTRIBUTION		
	NO FURNISHED	
OPERATOR	4	
SANTA FE	1	
PRODUCTION OFFICE	1	
STATE LAND OFFICE		
U. S. G. S.		
TRANSPORTER		
FILE	1	<input checked="" type="checkbox"/>
BUREAU OF MINES		

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO
CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
 (Rev. 7-60)
AUG 10 1961
O. C. C.
ARTESIA, OFFICE

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator Sinclair Oil & Gas Company				Lease Turner #12 20		Well No. 78	
Unit Letter J	Section 20	Township 17S	Range 11E	County Elddy			
Pool Grayson-Johnson				Kind of Lease (State, Fed. Fee) Federal			
If well produces oil or condensate give location of tanks			Unit Letter NO 0	Section NO 11	Township 17S	Range 11E	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Texas-New Mexico Pipeline Company				Address (give address to which approved copy of this form is to be sent) Texas-New Mexico Pipeline Company Box 1510 Midland, Texas			
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/> Shelly Oil Company			Date Connected 8-8-61	Address (give address to which approved copy of this form is to be sent) Shelly Oil Company Box 207 Long Hills, New Mexico			

If gas is not being sold, give reasons and also explain its present disposition:

REASON(S) FOR FILING (please check proper box)

New Well ☒ Change in Ownership ☐
 Change in Transporter (check one) Other (explain below)
 Oil ☐ Dry Gas ☐
 Casing head gas . ☐ Condensate.. ☐

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 9th day of August, 19 61.

OIL CONSERVATION COMMISSION

Approved by

Title

OIL AND GAS INSPECTOR

Date

AUG 10 1961

By

Title

Company

Address

Asst Dist Supt

Sinclair Oil & Gas Company

520 E Broadway, Hobbs, N.M.

Originals: GCS; cc:EPD, JM, File

20