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NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
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 QUADRUPLICATE 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.

Hobbs, New Mexico

11-12-64

(Place)

(Date)

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

Sinclair Oil & Gas Company

J. L. Keel "B"

27

NW

SE

(Company or Operator)

(Lease)

Sec. **8**

T. **17S**

R. **31E**

NMPM., **Grayburg-Jackson**

Pool

Unit Letter

Eddy

County. Date Spudded **10-3-64**

Date Drilling Completed **10-22-64**

Please indicate location:

Elevation **3725'** GL Total Depth **3725'** PBD -

Top Oil/Gas Pay **3064'** Name of Prod. Form. **Grayburg-Jackson SA**

PRODUCING INTERVAL -

Perforations **3064' to 3724'**

Open Hole - Depth Casing Shoe **3725'** Depth Tubing **3479'**

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): **32** bbls. oil, **45** bbls water in **24** hrs, **0** min. Size **2"**

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): **11,200 Gals. HDA**

Casing Press. **0** Tubing Press. **0** Date first new oil run to tanks **10-29-64**

Oil Transporter **Texas New Mexico Pipeline Company** RECEIVED

Gas Transporter **Skelly Oil Company**

Remarks: _____ NOV 13 1964

D. C. C.
ARTESIA OFFICE

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

Approved: **NOV 13 1964**, 19____

Sinclair Oil & Gas Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: **McArmstrong**

Oil and Gas Inspector

Title _____

By: _____ (Signature)

Title **District Superintendent**

Send Communications regarding well to:

Name **Fred Burns**

Address **P. O. Box 1920, Hobbs, New Mexico, 88240**

Orig: 3cc: CCC, cc: RFS, cc: file