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NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

HOBBS OFFICE O. C. C.

New Well
Recompletion

Jul 29 10 49 AM '64

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 15.023 psia at 60° Fahrenheit.

Hobbs, New Mexico

July 28, 1964

(Place)

(Date)

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

Sinclair Oil & Gas Company **S. J. Sarkys**, Well No. **1**, in **N/W** $\frac{1}{4}$ **S/E** $\frac{1}{4}$,
(Company or Operator) (Lease)
J Unit Letter, Sec. **23**, T. **218**, R. **37E**, NMPM., **Drinkard** Pool

County: **Lincoln** Date Spudded: _____ Date Drilling Completed: _____

Please indicate location:

Elevation **3306** Total Depth **6700'** PBD **6526**

Top Oil/Gas Pay **6515** Name of Prod. Form: **Drinkard**

PRODUCING INTERVAL - **6492, 6512, 6520, 6528, 6538,**

Perforations **6515, 6535, 6563, 6373, 6594, & 6606**

Open Hole _____ Depth _____ Depth _____
Casing Shoe _____ Tubing _____

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **45** bbls. oil, **0** bbls water in **24** hrs, **0** min. Choke Size **1/4"**

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 Gal 15% Acid - 20,000 Gal Refined Oil, 20,000 # Sand Frac**

Casing Tubing _____ Date first new _____
Press. **Faciner** Press. **20#** oil run to tanks **July 20, 1964**

Oil Transporter **Texas-New Mexico Pipe Line Company**

Gas Transporter **Warren Petroleum Corporation**

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

3300' F/W & 1980' F/E

(FOOTAGE)

Tubing, Casing and Cementing Record

Size Feet Sax

30 3/4	266	200
7 5/8	2930	1200
5 1/2	6000	250
3 1/2	650	Liner 150
2 3/8	5990	Drinkard Tubing

Remarks: _____

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

Approved: **July 28,** 19**64**

Sinclair Oil & Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: *[Signature]*
(Signature)

By: _____

Title: **Senior Engineer**

Title: _____

Send Communications regarding well to:

Name: **Sinclair Oil & Gas Company**

Orig & 3 cc: OCC ; cc: NFS File

Address: **Box 1920, Hobbs, New Mexico**