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NEW MEXICO OIL CONSERVATION COMMISSION
MISCELLANEOUS REPORTS ON WELLS

FORM C-103
(Rev 3-55)

(Submit to appropriate District Office as per Commission Rule 170A)

Name of Company **Sinclair Oil & Gas Company** Address **Box 1920, Hobbs, New Mexico**

Lease **Sarkys** Well No. **2** Unit Letter **0** Section **23** Township **21S** Range **37E**

Date Work Performed **7-27-64 to 8-28-64** Pool **Elinebry** County **Lea**

THIS IS A REPORT OF: *(Check appropriate block)*

- Beginning Drilling Operations Casing Test and Cement Job Other (Explain): **Perforate & treat**
- Plugging Remedial Work

Detailed account of work done, nature and quantity of materials used, and results obtained.

Jet perforated Elinebry 5698-5704', 5716-5725', 5735-5749', 5755-5763', 5767-5790', 5801-5809', 5821-5831', 5843-5852', 5866-5864' w/36-3/8" holes 2 shots each interval. Run 3 1/2" tubing and packer to treat. Sand Oil Frac Elinebry perfs 5698-5864' w/20,000 Gal. refined oil and 20,000# sand in 3 equal stages and 28 Ball sealers preceded by 1500 Gal. acid (Min. Press. 3400#, Max. Press. 5700# w/43 Ball sealers Avg. Inj. rate 7 BPM balled out). Sand Oil Frac Max. Press. 5800#, Min. Press. 5750# @ 14.4 BPM Inst. SIP 2700# in 10 minutes SIP 2500#. 12 hrs. SIP 1285#, open Elinebry to 20/64" choke flow 375 ELO in 24 hrs. Tbg. Press. 350#, Csg sealed. On potential test 8 hrs. ending 11:00 PM 8-28-64 flow Elinebry 53 BNO Gvty 39.4 on 16/64" choke. Tbg. Press. 225#, Csg. Press. 75#. GOR 1760:l. for calculated 24 hr. potential 159 BOPD.

Witnessed by **Wyatt Sissen** Position **Foreman** Company **Sinclair Oil & Gas Company**

FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL WELL DATA

D F Elev. _____ TD _____ PBTD _____ Producing Interval _____ Completion Date _____

Tubing Diameter _____ Tubing Depth _____ Oil String Diameter _____ Oil String Depth _____

Perforated Interval(s) _____

Open Hole Interval _____ Producing Formation(s) _____

RESULTS OF WORKOVER

Test	Date of Test	Oil Production BPD	Gas Production MCFPD	Water Production BPD	GOR Cubic feet/Bbl	Gas Well Potential MCFPD
Before Workover						
After Workover						

OIL CONSERVATION COMMISSION

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

Approved by _____ Name **W. B. Sissen**

Title _____ Position **District Superintendent**

Date _____ Company **Sinclair Oil & Gas Company**

Orig & Jcc: OCC, cc:RFS, cc:file