

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 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 or recompletion of 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 April 11, 1960
(Place) (Date)

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

Sinclair Oil & Gas Company State Land 886, Well No. 3, in SW 1/4 NW 1/4,
(Company or Operator) (Lease)

Unit Letter N, Sec. 16, T. 20N, R. 33E, NMPM, Undesignated Pool

County. Date Spudded 3-21-60 Date Drilling Completed 4-1-60
Elevation 1511 Total Depth 3260 PBD 3226
Top Oil/Gas Pay 2923 Name of Prod. Form Yates

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

PRODUCING INTERVAL -
Perforations 3166-72, 3176-81, 3188-95
Open Hole Depth Casing Shoe Depth Tubing 3159

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): 60 bbls. oil, 0 bbls water in 10 hrs, 0 min. Size 2 1/2"

GAS WELL TEST -
Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
9-5/8"	1303	810
7"	2995	458
5"	399	35
2"	3159	278

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 gallons mud acid
Casing Tubing Date first new Press. Zero Press. Zero oil run to tanks April 7, 1960
Oil Transporter Cactus Petroleum, Inc.
Gas Transporter None - Gas Flared

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)

OIL CONSERVATION COMMISSION
By: _____ Title: Dist. Supt.
(Signature) Send Communications regarding well to:

Title: _____ Name: Fred Burns
Address: 520 E Broadway, Hobbs, N.M.

Original: OCC; cc: State Land Office
cc: NFD, JM, File