

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

**Hobbs, New Mexico**  
(Place)

**April 22, 1957**  
(Date)

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

**Sinclair Oil & Gas Company** State **6847 SP**, Well No. **2** in **NE** 1/4 **NW** 1/4  
(Company or Operator) (Lease)  
**C** Sec. **35** T **198** R. **37E**, NMPM, **Eumont** Pool  
Unit Letter  
**Lea** County. Date Spudded **3-28-57** Date Completed **4-22-57**

Please indicate location:

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

Elevation **3606'** Total Depth **3900'** P.B. **3895'**  
Top oil/gas pay **3810'** Name of Prod. Form **Queen**  
Casing Perforations: **3810 - 3832** or  
Depth to Casing shoe of Prod. String **3899'**  
Natural Prod. Test ..... BOPD  
based on ..... bbls. Oil in ..... Hrs. .... Mins.  
Test after acid or shot ..... **180** BOPD  
Based on **75** bbls. Oil in **10** Hrs. **0** Mins.  
Gas Well Potential .....  
Size choke in inches **1 1/2"**  
Date first oil run to tanks or gas to Transmission system: .....  
Transporter taking Oil or Gas: **Texas-New Mexico Pipeline Company**

Casing and Cementing Record

Size	Feet	Sax
<b>8-5/8"</b>	<b>309</b>	<b>250</b>
<b>5-1/2"</b>	<b>3899</b>	<b>200</b>
<b>2-3/8"</b>	<b>3775</b>	

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: *C. C. Salter*  
(Signature)

By: *E. J. Fisher*  
Title .....

Title **C.C. Salter, District Superintendent**  
Send Communications regarding well to:

Orig & 3cc: OGC  
cc: State Land Office, Santa Fe, NM  
cc: FHR, HFD, File

Name **C.C. Salter**  
Address **Hobbs, New Mexico**