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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.

Sinclair Oil Corporation merged
into Atlantic Richfield Company,
effective March 4, 1969.

SINCLAIR OIL CORPORATION **Hobbs, New Mexico** **October 22, 1962**
(Place) (Date)

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

Sinclair Oil & Gas Co. Federal Kelly "A" Well No. **14**, in **SE 1/4 SE 1/4**,
(Company or Operator) (Lease)

P, Sec. **19**, T. **9S**, R. **38E**, NMPM, **Sawyer San Andres** Pool

Unit Letter

Lee

Please indicate location:

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

890' f/B & 890' f/B

(FOOTAGE)

Tubing, Casing and Cementing Record

| Size | Feet | Sax |
|-------|------|------|
| 9-5/8 | 392 | 175 |
| 5-1/2 | 5039 | 1600 |
| 2-3/8 | 4913 | Tbg |
| | | |

County. Date Spudded **1-8-61** Date Drilling Completed **1-25-61**
Elevation **3965 DF** Total Depth **5040** FBTD **5003**

Top Oil/Gas Pay **4168** Name of Prod. Form. **San Andres**

PRODUCING INTERVAL -

Perforations **4916-47 & 4955-89**

Open Hole _____ Depth **5039** Depth **4913**
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): _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Choke Size _____

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: **799** MCF/Day; Hours flowed **24**

Choke Size **1/4"** Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **7000 gals acid**

Casing _____ Tubing _____ Date first new
Press. **Packer** Press. **732** oil run to tanks

Oil Transporter **The Permian Corporation (Condensate)**

Gas Transporter **Sinclair Oil & Gas Company**

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)

By: _____
Title _____

By: _____
(Signature)

Dist. Supt.

Title _____
Send Communications regarding well to:

Name **Fred Burns**

520 E Broadway, Hobbs, N.M.

Grindsee: OCC: cc:HFD,JM,File