

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

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 5 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 September 6, 1960
(Place) (Date)

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

Sinclair Oil & Gas Company State **Lea** 514, Well No. **1**, in **NE** 1/4 **SW** 1/4,
(Company or Operator) (Lease)
K Unit Letter, Sec. **32**, T. **9S**, R. **38E**, NMPM., **Sanger-San Andres** Pool
Lea County. Date Spudded **7-22-60** Date Drilling Completed **8-4-60**
Elevation **3927** Total Depth **3000** PBTD **4706**

Please indicate location:

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

Top Oil/Gas Pay **4177** Name of Prod. Form. **San Andres**

PRODUCING INTERVAL -

Perforations **4916-4928**

Open Hole Depth Casing Shoe Depth Tubing

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 Choke load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. 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: **2763** MCF/Day; Hours flowed **10**

Choke Size _____ Method of Testing: **Back Pressure**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **900 ga ls. mud acid & 7000 gals. 15% IST Acid**

Casing Tubing Date first new Press. oil run to tanks

Oil Transporter **None - dry gas**

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)

OIL CONSERVATION COMMISSION

By: **Dist. Supt.** (Signature)

Title _____ Send Communications regarding well to:

Title _____ Name **Fred Barnes**

Orig & 3 cc: **OCC, Dist. Office**
cc: **HFD, M, File**

Address **520 East Broadway, Hobbs, New Mexico**

17. 8. 1944

18. 8. 1944

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