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	GAS
PRODUCTION OFFICE	
OPERATOR	

# NF 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 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

February 20, 1963

(Place)

(Date)

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

**Sinclair Oil & Gas Company**

(Lease)

Well No. **2** in **SW** **NE** **1/4** **1/4**

(Company or Operator)

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

Unit Letter

**Lee**

County Date Spudded **1-9-63**

Date Drilling Completed **1-28-63**

Please indicate location:

Elevation **3968** Total Depth **5050** FBTD **4957**

Top Oil/Gas Pay **4199** Name of Prod. Form. **San Andres**

PRODUCING INTERVAL -

Perforations **4096-4938**

Open Hole Depth **5050** Casing Shoe **None** Depth **None** 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: **593** MCF/Day; Hours flowed **2h**

Choke Size **2 1/2" 64"** Method of Testing: **4 Point**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **250 gals mud acid & 8000 gals 15% acid**

Casing **439** Tubing \_\_\_\_\_ Date first new \_\_\_\_\_  
Press. \_\_\_\_\_ Press. \_\_\_\_\_ oil run to tanks \_\_\_\_\_

Oil Transporter **Englewood**

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: **Fred Burns** (Signature)

Title **Dist. Supt.**

Send Communications regarding well to:

Name **Fred Burns**

Address **520 E Broadway, Hobbs, N.M.**

OIL CONSERVATION COMMISSION

By: \_\_\_\_\_

Title \_\_\_\_\_

Originals: OCE; cc: HFB, J.M. File