

JUN 2 1960

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

# REQUEST FOR (OIL) - (GAS) ALLOWABLE

O. C. C.

ARTESIA, OFFICE

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

May 31, 1960

(Place)

(Date)

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

Sinclair Oil & Gas Company

M. Yates "B" ABC

, Well No. 5

, in SE

1/4

NW

1/4

(Company or Operator)

(Lease)

F  
Unit Letter

, Sec. 33

, T. 17S

, R. 20E

, NMPM,

Empire Ave

Pool

Edgy

County. Date Spudded 5-4-60

Date Drilling Completed 5-25-60

Please indicate location:

Elevation 3648

Total Depth 6155

FRTD 6116

Top Oil/Gas Pay 5774

Name of Prod. Form. Abs

PRODUCING INTERVAL -

Perforations 6046-56 & 6064-80

Open Hole

Depth

Depth

Casing Shoe 6155

Tubing

6012

OIL WELL TEST -

Natural Prod. Test:

\_\_\_\_\_ bbls. oil,

\_\_\_\_\_ bbls water in

\_\_\_\_\_ hrs,

Choke

\_\_\_\_\_ min. Size

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of

load oil used):

186 bbls. oil,

0 bbls water in

24 hrs,

0 min. Size

Choke

12/64

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:

\_\_\_\_\_ 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): 6000 gals 15% regular acid

Casing

Tubing

Date first new

Press. Packer

Press. 685

oil run to tanks

May 28, 1960

Oil Transporter

Service Pipe Line Company

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

JUN 2 1960

, 19

Sinclair Oil & Gas Company

(Company or Operator)

By:

(Signature)

Title

District Production Clerk

Send Communications regarding well to:

Name

Address

520 E Broadway, Hobbs, N.M.

OIL CONSERVATION COMMISSION

By:

Title

OIL AND GAS INSPECTOR

JUN 2 1960

Orig:cc: OOC; cc:StateLandOffice; cc:HFD, M,File

| OIL CONSERVATION COMMISSION |         |   |
|-----------------------------|---------|---|
| DISTRICT OFFICE             |         |   |
| NAME                        | 2       |   |
| ADDRESS                     | 100 KEN |   |
| CITY                        |         |   |
| STATE                       |         |   |
| ZIP                         |         |   |
| DATE                        |         |   |
| BY                          |         |   |
| TRANSPORTER                 |         |   |
| FILE                        | 1       | ✓ |
| BOOK OF MINES               |         |   |
|                             |         |   |

NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO

Form C-110  
RECEIVED  
JUN 2 1960

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

D. D. D.  
ARTESIA, OFFICE

Company or Operator Sinclair Oil & Gas Company Lease M. Yates "B" ARC

Well No. 5 Unit Letter F S 33 T 17S R 28E Pool Empire Ave

County Eddy Kind of Lease (State, Fed. or Patented) State

If well produces oil or condensate, give location of tanks: Unit F S 33 T 17S R 28E

Authorized Transporter of Oil or Condensate Service Pipe Line Company

Address Box 337, Midland, Texas

(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas None

Address \_\_\_\_\_ Date Connected \_\_\_\_\_

(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

Gas Flared - no connector

Reasons for Filing: (Please check proper box) New Well (x)

Change in Transporter of (Check One): Oil ( ) Dry Gas ( ) C'head ( ) Condensate ( )

Change in Ownership ( ) Other ( )

Remarks: \_\_\_\_\_ (Give explanation below)

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 11 day of May 19 60

By [Signature]

Approved JUN 2 1960 19

Title District Production Clerk

OIL CONSERVATION COMMISSION

Company Sinclair Oil & Gas Company

By M. L. Armstrong

Address 520 East Broadway

Title OIL AND GAS INSPECTOR

Hobbs, New Mexico

Originals: OGC, cc: State Land Office; cc: HFD, M, File

| OIL CONSERVATION COMMISSION |  |   |
|-----------------------------|--|---|
| ARTS & CRAFTS OFFICE        |  |   |
| No. Copies Received         |  | 2 |
| RECEIVED                    |  |   |
| OPERATION                   |  | 5 |
| SANTA FE                    |  |   |
| PROFANE                     |  |   |
| STATE LANDS                 |  |   |
| U. S. G. S.                 |  |   |
| TRANSPORTER                 |  |   |
| FILE                        |  |   |
| BUREAU OF MINES             |  |   |
|                             |  |   |