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OPERATOR	

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

**Hobbs, New Mexico**

**March 5, 1962**

(Place)

(Date)

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

**Sinclair Oil & Gas Company Dale H Parke B**, Well No. **5**, in **NW**  $\frac{1}{4}$  **SW**  $\frac{1}{4}$ ,

(Company or Operator)

(Lease)

**L**, Sec. **23**, T. **17S**, R. **30E**, NMPM, **Undesignated** Pool

Unit Letter

**Bddy**

County. Date Spudded. **2-8-62**

Date Drilling Completed **2-27-62**

Elevation **3665** Total Depth **6940** PBTD **6935**

Please indicate location:

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

Top Oil/Gas Pay **6828** Name of Prod. Form. **Abc Reef**

PRODUCING INTERVAL -

Perforations **6890; 6916**

Open Hole Depth **6940** Casing Shoe **6782** Tubing

OIL WELL TEST -

Natural Prod. Test: \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls. water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Size \_\_\_\_\_ Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **11199** bbls. oil, **-0-** bbls. water in **9** hrs, **-0-** min. Size **20/64** Choke

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): **500 gal mud acid**

Casing Packer **Packer** Tubing Press. **500** Date first new oil run to tanks **March 3, 1962**

Oil Transporter **McWood Corporation**

Gas Transporter **Gas Flared**

**2310 ft/s & 990 ft/w**

(FOOTAGE)

Tubing, Casing and Cementing Record

Size Feet Sax

9 5/8	1600	825
4 1/2	6940	1650
2 3/8	6782	Tbg.

Remarks:

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MAR 7 1962

D. E. G.

ARTESIA, OFFICE

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved **MAR 8 1962**, 19.....

**Sinclair Oil & Gas Company**

(Company or Operator)

OIL CONSERVATION COMMISSION

By: **ML Armstrong**

Title **OIL AND GAS INSPECTOR**

By: \_\_\_\_\_ (Signature)

Title **Asst. Dist. Supt.**

Send Communications regarding well to:

Name **Sinclair Oil & Gas Company**

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

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NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO

FORM C-110  
(Rev. 7-60)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator <b>SINCLAIR OIL &amp; GAS COMPANY</b>				Lease <b>Dale H. Parke B</b>		Well No. <b>5</b>	
Unit Letter <b>L</b>	Section <b>23</b>	Township <b>17S</b>	Range <b>30E</b>	County <b>Eddy</b>			
Pool <b>Undesignated</b>				Kind of Lease (State, Fed, Fee) <b>Federal</b>			
If well produces oil or condensate give location of tanks		Unit Letter <b>L</b>	Section <b>23</b>	Township <b>17S</b>	Range <b>30E</b>		
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <b>McWood Corporation</b>				Address (give address to which approved copy of this form is to be sent) <b>McWood Corporation 330 Petroleum Building Abilene, Texas</b>			
Is Gas Actually Connected? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>		Date Connected	Address (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:

**Flared-No connector.**

REASON(S) FOR FILING (please check proper box)

New Well ..... ☒ Change in Ownership ..... ☐  
 Change in Transporter (check one) Other (explain below)  
 Oil ..... ☐ Dry Gas ..... ☐  
 Casing head gas ..... ☐ Condensate ..... ☐

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MAR 7 1962

O. C. C.  
ARTESIA, OFFICE

Remarks

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

Executed this the **5th** day of **March**, 19**62**.

OIL CONSERVATION COMMISSION		By
Approved by		Title
<b>ML Armstrong</b>		<b>Asst. Dist. Supt.</b>
Title		Company
<b>ML AND GAS INSPECTOR</b>		<b>Sinclair Oil &amp; Gas Company</b>
Date		Address
<b>10-1 962</b>		<b>520 E Broadway, Hobbs, N.M.</b>