

# 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** **December 1, 1959**  
(Place) (Date)

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

**Sinclair Oil & Gas Company** **H.E. West "A"**, Well No. **11**, in **SW**  $\frac{1}{4}$  **NE**  $\frac{1}{4}$ ,  
(Company or Operator) (Lease)

**6**, Sec. **3**, T. **17S**, R. **31E**, NMPM., **Grayburg-Jackson** **under** Pool  
Unit Letter

**Eddy**

Please indicate location:

D	C	B	A
E	F	G <b>X</b>	H
L	K	J	I
M	N	O	P

County. Date Spudded **9-29-59** Date Drilling Completed **11-18-59**  
Elevation **3262 3872** Total Depth **3500** FBTD **3488**

Top Oil/Gas Pay **3269** Name of Prod. Form. **Grayburg**

PRODUCING INTERVAL -

Perforations **3445-3452**  
Open Hole Depth **3500** Casing Shoe Depth **3385** 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): **38** bbls. oil, **0** bbls water in **10** hrs, **0** min. Size **1/2"** 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): **20,000 gal & 20,000 lb sandoil frac**

Casing Press. **170** Tubing Press. **40** Date first new oil run to tanks **November 26, 1959**

Oil Transporter **Continental Pipeline Company**

Gas Transporter **None - gas flared**

Tubing, Casing and Cementing Record

Size	Feet	Sax
<b>10-3/4</b>	<b>817</b>	<b>100</b>
<b>5-1/2</b>	<b>3500</b>	<b>100</b>
<b>2</b>	<b>3385</b>	<b>Tbg</b>

Remarks: \_\_\_\_\_

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

Approved: **DEC 10 1959**, 19\_\_\_\_

**Sinclair Oil & Gas Company**

(Company or Operator)

By: **L.M. Sellers**  
(Signature)

Title: **Asst. Dist. Supt.**

Send Communications regarding well to:

Name: **L.M. Sellers**

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

OIL CONSERVATION COMMISSION

By: **M.L. Armstrong**

Title: **OIL AND GAS INSPECTOR**

Orig & 3cc: OCC; cc:HFD, OGS, File

OIL CONSERVATION COMMISSION		
ARTESIA DISTRICT OFFICE		
Received <span style="float: right;">17</span>		
DISTRIBUTION		
	NO FURNISHED	
OPERATOR		
DATA FE		
EXORATION OFFICE		
STATE LAND OFFICE		
U. S. G. S.		
TRANSPORTER		
FILE		
BUREAU OF MINES	1	✓

NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO

Form C-110  
Revised 7/1/55

(File the original and 4 copies with the appropriate district office) 10 1959

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

D. C. D.  
ARTESIA, OFFICE

Company or Operator Sinclair Oil & Gas Company Lease H.E. West "A"

Well No. 11 Unit Letter G S 3 T 178 R 31E Pool Grayburg-Jackson

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

If well produces oil or condensate, give location of tanks: Unit G S 3 T 178 R 31E

Authorized Transporter of Oil or Condensate Continental Pipeline Company

Address Box 367, Artesia, New Mexico

(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 1st day of December 19 59

By [Signature]

Title Asst. Dist. Supt.

Company Sinclair Oil & Gas Co.

Address 520 E Broadway

Hobbs, N.M.

Approved DEC 10 1959 19

OIL CONSERVATION COMMISSION

By [Signature]

Title OIL AND GAS INSPECTOR

Orig & Acc: OCC; cc:HFD, OGS, File

OIL CONSERVATION COMMISSION		
ARTESIA DISTRICT OFFICE		
Mr. Cephus (Revised)		8
DATE		
	NO. FILED	5
ARTESIA		1
PROMOTION OFFICE		1
STATE LAND OFFICE		
U. S. G. S.		
TRANSPORTER		1
FILE		1
BUREAU OF MINES		