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# NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

RECEIVED  
MAY 26 1961

## REQUEST FOR (OIL) - (GAS) ALLOWABLE

MAY 26 1961

New Well  
Record  
ARTESIA, OFFICE

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 23, 1961

(Place)

(Date)

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

**Sinclair Oil & Gas Company** **H.E. West "A"**, Well No. **12**, in **SE 1/4** **NE 1/4**,  
(Company or Operator) (Lease)

**H H**, Sec. **3**, T. **17N**, R. **31E**, NMPM., **Grayburg-Jackson** Pool  
Unit Letter

**Bddy**

County. Date Spudded. **3-18-61** Date Drilling Completed **4-26-61**

Please indicate location:

Elevation **3975** Total Depth **3760** PBDT **3749**

Top Oil/Gas Pay **3282** Name of Prod. Form. **Grayburg**

PRODUCING INTERVAL -

Perforations **3544-50 & 3572-80**

Open Hole Depth **3760** Depth Casing Shoe **3500**

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 load oil used): **16** bbls. oil, **0** bbls water in **24** hrs, **0** min. Size **1/4"**

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): **250 gal mud acid; 15000-15000 sand/oil frac**

Casing Tubing Date first new **May 21, 1961**  
Press. **250** Press. **175** oil run to tanks

Oil Transporter **Texas-New Mexico Pipeline Company**

Gas Transporter **Skelly Oil Company**

**1980' 1/4" & 660' 1/4"**

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8	840	100
4-1/2	3760	200
2-3/8	3500	Tbg

Remarks:

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

Approved **MAY 26 1961**, 19\_\_\_\_

**Sinclair Oil & Gas Company**

(Company or Operator)

By: **ER Wood**  
(Signature)

Title **Asst. Dist. Supt.**

Send Communications regarding well to:

Name **H.E. Wood**

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

OIL CONSERVATION COMMISSION

By: **W.A. Gressett**

Title **OIL AND GAS INSPECTOR**

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

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NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO  
**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

**RECEIVED**  
FORM C-110  
(Rev. 7-60)  
**MAY 26 1961**  
**O. C. C.**

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

ARTESIA, OFFICE

Company or Operator <b>Sinclair Oil &amp; Gas Company</b>				Lease <b>H.E. West "A"</b>		Well No. <b>12</b>	
Unit Letter <b>MM</b>	Section <b>3</b>	Township <b>17S</b>	Range <b>31E</b>	County <b>Eddy</b>			
Pool <b>Grayburg-Jackson</b>				Kind of Lease (State, Fed, Fee) <b>Federal</b>			
If well produces oil or condensate give location of tanks			Unit Letter <b>A</b>	Section <b>4</b>	Township <b>17S</b>	Range <b>31E</b>	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <b>Texas-New Mexico Pipeline Company</b>				Address (give address to which approved copy of this form is to be sent) <b>Texas-New Mexico Pipeline Company Box 1510 Midland, Texas</b>			
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/> <b>Skelly Oil Company</b>			Date Connected <b>5-23-61</b>	Address (give address to which approved copy of this form is to be sent) <b>Skelly Oil Company Box 207 Leco Hills, New Mexico</b>			

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

**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.. ☐

Remarks

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

Executed this the **23** day of **May**, 19 **61**

OIL CONSERVATION COMMISSION

Approved by

Title

**OIL AND GAS INSPECTOR**

By

Title

**Asst. Dist. Supt.**

Company

**Sinclair Oil & Gas Company**

Date

**MAY 26 1961**

Address

**520 E Broadway, Hobbs, New Mexico**

**Orig&Acc: OCC: cc:HFD, JM, File**