

NEW 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 **December 18, 1958**
(Place) (Date)

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

Sinclair Oil & Gas Company **H.E. West "B"**, Well No. **18**, in **SW** $\frac{1}{4}$ **SE** $\frac{1}{4}$,
(Company or Operator) (Lease)

0 \checkmark Unit Letter, Sec. **3**, T. **17S**, R. **31E**, NMPM, **Grayburg-Jackson** Pool

Edy

County. Date Spudded **10-24-58** Date Drilling Completed **12-5-58**
Elevation **3948** Total Depth **3725** FBTD **3716**

Please indicate location:

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

Top Oil/Gas Pay **3254** Name of Prod. Form. **Grayburg**

PRODUCING INTERVAL -

Perforations **3393-3401, 3430-3435, 3443-3448, 3456-3464**
Open Hole Depth **3725** Depth Casing Shoe **3343** Depth Tubing **3343**

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): **56** bbls. oil, **0** bbls. water in **24** hrs, **0** min. Size **Swab** Choke

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
10-3/4	797	100
5-1/2	3725	100
2	3343	

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 gals & 20,000 lbs sandoil frac treatment**

Casing Press. **125** Tubing Press. **Zero** Date first new oil run to tanks **December 18, 1958**

Oil Transporter **Texas-New Mexico 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 **DEC 21 1958**, 19. **Sinclair Oil & Gas Company**
(Company or Operator)

OIL CONSERVATION COMMISSION

By: **ML Armstrong** Title: **Dist. Supt.**
(Signature) Send Communications regarding well to:

Title: _____ Name: **C.C. Salter**
Address: **520 E Broadway, Hobbs, N.M.**

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

1. What is the purpose of the document?
 2. What are the main findings of the study?
 3. What are the implications of the findings?
 4. What are the limitations of the study?
 5. What are the conclusions of the study?

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