

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 November 25, 1957
(Place) (Date)

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

Sinclair Oil & Gas Company, Turner "B"-SP, Well No. 50, in NM $\frac{1}{4}$ NM $\frac{1}{4}$,
(Company or Operator) (Lease)

D, Sec. 29, T. 17, R. 31, NMPM., Grayburg Jackson Pool
Unit Letter

Eddy County. Date Spudded 10-6-57 Date Drilling Completed 11-25-57

Please indicate location:

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

Elevation 3626 Total Depth 3375 PBTD 3352

Top Oil/Gas Pay 3286 Name of Prod. Form. San Andres

PRODUCING INTERVAL -

Perforations 3306-10, 3314-20

Open Hole Depth 3374 Casing Shoe 3374 Depth 3266 Tubing

OIL WELL TEST -

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

Test After Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): 171 bbls. oil, 0 bbls water in 20 hrs, - min. Size 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): 20,000 gal and 20,000 sand.

Casing 2000 Tubing 2000 Date first new 11-25-57

Press. 2000 Press. 2000 oil run to tanks 11-25-57

Oil Transporter Texas-New Mexico Pipe Line Company

Gas Transporter

Tubing, Casing and Cementing Record

Size	Feet	Sax
10 3/4	596	100
7"	3374	100
2"	3266	

Remarks:

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

Approved NOV 29 1957, 19

OIL CONSERVATION COMMISSION

By: M. L. Armstrong

Title OIL AND GAS INSPECTOR

Orig. & 3cc:OCC
cc:FIR, HFD, File

Sinclair Oil & Gas Company
(Company or Operator)

By: Leslie M. Sellers
(Signature)

Title Asst. Dist. Supt.

Send Communications regarding well to:

Name Leslie M. Sellers

Address 520 East Broadway, Hobbs, N. Mex.

ARTESIA DISTRICT OFFICE
No. Copies Recd.

Copies Received

LISTENERS

1. DATE _____
 2. TIME _____
 3. LOCATION _____
 4. WIND DIRECTION _____
 5. WIND VELOCITY _____
 6. WAVE DIRECTION _____
 7. WAVE VELOCITY _____
 8. SEA STATE _____
 9. SKY CONDITION _____
 10. TEMPERATURE _____
 11. RELATIVE HUMIDITY _____
 12. ATMOSPHERIC PRESSURE _____
 13. WATER SURFACE TEMPERATURE _____
 14. WATER SURFACE SALINITY _____
 15. WATER SURFACE DENSITY _____
 16. WATER SURFACE REFRACTIVE INDEX _____
 17. WATER SURFACE SOUND VELOCITY _____
 18. WATER SURFACE THERMAL CONDUCTIVITY _____
 19. WATER SURFACE VISCOSITY _____
 20. WATER SURFACE SURFACE TENSION _____
 21. WATER SURFACE CAPILLARITY _____
 22. WATER SURFACE EVAPORATION _____
 23. WATER SURFACE CONDENSATION _____
 24. WATER SURFACE FREEZING _____
 25. WATER SURFACE MELTING _____
 26. WATER SURFACE BOILING _____
 27. WATER SURFACE SUBLIMATION _____
 28. WATER SURFACE DEPOSITION _____
 29. WATER SURFACE EVAPORATION RATE _____
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 33. WATER SURFACE BOILING RATE _____
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 36. WATER SURFACE EVAPORATION RATE PER UNIT AREA _____
 37. WATER SURFACE CONDENSATION RATE PER UNIT AREA _____
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 40. WATER SURFACE BOILING RATE PER UNIT AREA _____
 41. WATER SURFACE SUBLIMATION RATE PER UNIT AREA _____
 42. WATER SURFACE DEPOSITION RATE PER UNIT AREA _____
 43. WATER SURFACE EVAPORATION RATE PER UNIT VOLUME _____
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 148. WATER SURFACE EVAPORATION RATE PER UNIT MELTING _____
 149. WATER SURFACE CONDENSATION RATE PER UNIT MELTING _____
 150. WATER SURFACE FREEZING RATE PER UNIT MELTING _____

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)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator Sinclair Oil & Gas Company Lease Turner "B"-SP

Well No. 50 Unit Letter D S 29 T 17 R 31 Pool Grayburg Jackson

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

If well produces oil or condensate, give location of tanks: Unit D S 29 T 17 R 31

Authorized Transporter of Oil or Condensate Texas-New Mexico Pipe Line Company

Address Box 1510, Midland, Texas

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

Authorized Transporter of Gas _____

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 Connection

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 25 day of November 19 57

Approved NOV 29 1957 19 _____

OIL CONSERVATION COMMISSION

By M L Armstrong

Title OIL AND GAS INSPECTOR

Orig. & 4cc:OCC cc:OIL, H&G, P&L

By Bm Sellers

Title Asst. Dist. Supt.

Company Sinclair Oil & Gas Company

Address 520 East Broadway

Hobbs, New Mexico

OIL CONSERVATION COUNCIL'S FORM	
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Paragon Office	
Transcript	
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