

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 **October 9, 1958**
(Place) (Date)

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

Sinclair Oil & Gas Co. **Turner "B" SP**, Well No. **55**, in **SE** $\frac{1}{4}$ **NE** $\frac{1}{4}$,
(Company or Operator) (Lease)

H, Sec. **39** T. **17N**, R. **31E**, NMPM., **Grayburg-Jackson** Pool
Unit Letter

Eddy

Please indicate location:

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

County. Date Spudded **8-24-58** Date Drilling Completed **10-2-58**

Elevation **3763** Total Depth **3640** FBTD **3634**

Top Oil/Gas Pay **3558** Name of Prod. Form. **San Andres**

PRODUCING INTERVAL -

Perforations **3600-3608 and 3616-3624**

Open Hole Depth Casing Shoe **3640** Depth Tubing **3566**

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **68** bbls. oil, **0** bbls water in **8** hrs, **0** min. Choke Size **18/64**

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 gallons oil & 20,000 lbs sand**

Casing Press. **0** Tubing Press. **265** Date first new oil run to tanks **October 8-1958**

Oil Transporter **Texas-New Mexico Pipe Line Company**

Gas Transporter **None - Flared**

Tubing, Casing and Cementing Record

Size	Feet	SAX
10-3/4	631	100
5-1/2	3640	100
2-3/8	3566	

Remarks:

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

Approved: _____, 19____

Sinclair Oil & Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____
(Signature)

By: **M. L. Armstrong**

Title **Dist. Supt.**

Title _____

Send Communications regarding well to:

Name **C.C. Salter**

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

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

OIL CONSERVATION COMMISSION

ARTESIA DISTRICT OFFICE

By Order of the Commission

Secretary

Clerk

Assistant Secretary

Assistant Clerk

Assistant Secretary

Assistant Clerk

Assistant Secretary

Assistant Clerk

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. 55 Unit Letter H 'S 29 T 17S 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 H S 29 T 17S R 31E

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 None

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

Reasons for Filing: (Please check proper box) New Well _____ (☒)

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 9 day of October 19 58

By [Signature]

Approved Oct 14 1958 19

Title Dist Supt

OIL CONSERVATION COMMISSION

Company Sinclair Oil & Gas Company

By M L Armstrong

Address 520 East Broadway

Title _____

Hobbs, New Mexico

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

OIL CONSERVATION COMMISSION

ARTICLE 1 - DISTRICT OFFICE

ARTICLE 2 - DISTRICT OFFICE

ARTICLE 3 - DISTRICT OFFICE

ARTICLE 4 - DISTRICT OFFICE

ARTICLE 5 - DISTRICT OFFICE

ARTICLE 6 - DISTRICT OFFICE

ARTICLE 7 - DISTRICT OFFICE

ARTICLE 8 - DISTRICT OFFICE

ARTICLE 9 - DISTRICT OFFICE

ARTICLE 10 - DISTRICT OFFICE

ARTICLE 11 - DISTRICT OFFICE

ARTICLE 12 - DISTRICT OFFICE