

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 March 3, 1959
(Place) (Date)

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

Sinclair Oil & Gas Company Turner "B" SP, Well No. 59, in NE $\frac{1}{4}$, NE $\frac{1}{4}$,
(Company or Operator) (Lease)
A $\frac{1}{2}$, Sec. 22, T. 17S, 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

560/N - 660/E

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>10-3/4</u>	<u>593</u>	<u>100</u>
<u>5-1/2</u>	<u>346</u>	<u>210</u>
<u>2-3/8</u>	<u>356</u>	

County. Eddy Date Spudded 1-16-59 Date Drilling Completed 2-22-59
Elevation 3747 Total Depth 3486 FBD 3483

Top Oil/Gas Pay 2986 Name of Prod. Form. Premier

PRODUCING INTERVAL -

Perforations 3290-3300 & 3310-3314
Open Hole _____ Depth _____ Casing Shoe 3486 Depth _____
Tubing 3256

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): 48 bbls, oil, 0 bbls water in 1 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 gals oil & 20,000 lbs sand: 11 hrs treatment

Casing 600 Tubing 300 Date first new oil run to tanks March 2, 1959
Press. 600 Press. 300

Oil Transporter Texas-New Mexico Pipe Line Company

Gas Transporter Hobbs - Gas Flared

Remarks: _____

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

Approved: M. L. Armstrong, 19____

Sinclair Oil & Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: C. C. Salter
(Signature)

By: _____

Title: Dist. Supt.
Send Communications regarding well to:

Title: _____

Name: C. C. Salter

Orig & see: OGC; cc: FHR, HFD, File

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

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. 59 Unit Letter A 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 A 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:

Gas - 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 3 day of March 19 59

By [Signature]

Approved [Signature] 19 _____

Title Dist. Supt.

OIL CONSERVATION COMMISSION

Company Sinclair Oil & Gas Company

By [Signature]

Address 520 East Broadway

Title _____

Hebbes, New Mexico

Orig Also: OGC: cc:JHR, NFD, File