N. MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

JUN 1 1 1959

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 (Place) June 9, 1959 (Date)

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

Sinclair Oil & Gas Company (Company or Operator) Turner "B" SP (Lease), Well No. 61, in NW ¼ SE ¼,
J (Unit Letter), Sec. 29, T. 17S, R. 31E, NMPM., Grayburg-Jackson Pool
Eddy County. Date Spudded 4-24-59 Date Drilling Completed 6-3-59

Please indicate location:

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

Elevation 3740 Total Depth 3661 PBTD 3659

Top Oil/Gas Pay 3575 Name of Prod. Form. San Andres

PRODUCING INTERVAL -

Perforations 3616-3646

Open Hole _____ Depth Casing Shoe 3661 Depth Tubing 3577

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 4 hrs, 0 min. Choke Size 20/64

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): Sandoil frac w/20,000 gals oil & 20,000 lbs sand

Casing Press. Zero Tubing Press. 265 Date first new oil run to tanks June 8, 1959

Oil Transporter Texas-New Mexico Pipeline Company

Gas Transporter None - Gas Flared

Tubing, Casing and Cementing Record

Size	Feet	Sax
[redacted]		
10-3/4	633	100
5-1/2	3661	100
2"	3577	

Remarks:

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

Approved JUN 1 1 1959, 19

OIL CONSERVATION COMMISSION

By: W. A. Gressett

Title OIL AND GAS INSPECTOR

Sinclair Oil & Gas Company
(Company or Operator)

By: C.C. Salter
(Signature)

Title Dist. Supt.

Send Communications regarding well to:

Name C.C. Salter

Address 520 E Broadway, Hobbs, N.M.

Orig &4cc: OCC; cc:FHR, HFD, File

O'L CONSERVATION COMMISSION
ARTESIA, N.M. OFFICE

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LAND OFFICE
TRANSPORTER
PRORATION OFFICE

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. **61** Unit Letter **J** 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 **J** S **29** T **17S** R **31E**

Authorized Transporter of Oil or Condensate **Texas-New Mexico Pipeline 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 _____ Date Connected _____

(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 (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 **9** day of **June** 19 **59**

By _____

Title **Dist. Supt.**

Company **Sinclair Oil & Gas Company**

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

Orig &4cc: OCC; cc: FHR, HFD, File

Approved **JUN 11 1959** 19___

OIL CONSERVATION COMMISSION

By _____

Title **OIL AND GAS INSPECTOR**

OIL CONSERVATION COMMISSION

ARTESIA DISTRICT OFFICE

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