

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 2, 1959

(Place)

(Date)

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

Sinclair Oil & Gas Company Turner "B" SP, Well No. 64, in NW  $\frac{1}{4}$  SW  $\frac{1}{4}$ ,  
(Company or Operator) (Lease)

L, Sec. 29, T. 17N, R. 31E, NMPM., Grayburg-Jackson Pool  
Unit Letter

Midy

County. Date Spudded 9-21-59 Date Drilling Completed 10-25-59

Please indicate location:

Elevation 3671 Total Depth 3576 FSD 3572

Top Oil/Gas Pay 3040 Name of Prod. Form. Grayburg

PRODUCING INTERVAL -

Perforations 3388-3405

Open Hole \_\_\_\_\_ Depth \_\_\_\_\_ Casing Shoe 3576 Depth \_\_\_\_\_ Tubing 3335

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): 40 bbls. oil, 0 bbls water in 4 hrs, 0 min. Size 20/64" Choke

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 \_\_\_\_\_ Tubing \_\_\_\_\_ Date first new \_\_\_\_\_  
Press. 120# Press. 230# oil run to tanks October 31, 1959

Oil Transporter Texas-New Mexico Pipeline Co.

Gas Transporter None - gas flared - no connector

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8-5/8"</u>	<u>570</u>	<u>100</u>
<u>5"</u>	<u>3576</u>	<u>100</u>
<u>1-1/4"</u>	<u>3335</u>	<u>Tbg.</u>

Remarks: \_\_\_\_\_

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

Approved: NOV 4 1959, 19 \_\_\_\_\_

Sinclair Oil & Gas Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: C.C. Salter  
(Signature)

By: M.L. Armstrong

Title: Dist. Supt.

Title: Oil and Gas Inspector

Send Communications regarding well to:

Name: C.C. Salter

Address: 520 E Broadway, Hobbs, New Mexico

Orig & 3cc: OCC: cc:HFD, OGS, File

REGIONAL DISTRICT OFFICE

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1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

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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) **D E C E M B E R 1959**

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

**NOV 4 1959**

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

Well No. **64** Unit Letter **L S 29 T 17N R 31E** Pool **Grayburg-Jackson**

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

If well produces oil or condensate, give location of tanks: Unit **L S 29 T 17N R 31E**

Authorized Transporter of Oil or Condensate **Texas-New Mexico Pipe Line Co.**

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 - no connector.**

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 **2** day of **November** 19**59**

By *W. C. Senter*

Approved **NOV 4 1959** 19    

Title **Dist. Supt.**

OIL CONSERVATION COMMISSION

Company **Sinclair Oil & Gas Company**

By *M. L. Armstrong*

Address **520 E Broadway**

Title **OIL AND GAS INSPECTOR**

**Hobbs, New Mexico**

**Orig & Acc: OCC; cc: NPD, OGS, File**

SOIL CONSERVATION COMMISSION	
ALBERTA DISTRICT OFFICE	
No. Containing	
Project	
County	
Section	
Range	
Township	
U.S. Section	
Township	
File	
Editor	
Date	