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OPERATOR	

**NEW MEXICO OIL CONSERVATION COMMISSION**  
**Santa Fe, New Mexico**  
**REQUEST FOR (OIL) - (GAS) ALLOWABLE**

(Form C-101)  
 Revised 7/1/57

OCT 28 1960

30-015-05455

New Well  
 Recompleting

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 QUADRUPPLICATE 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)

**October 27, 1960**  
 (Date)

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

**Sinclair Oil & Gas Company** **Turner "B" SP**, Well No. **73**, in **NE**  $\frac{1}{4}$  **NE**  $\frac{1}{4}$ ,  
 (Company or Operator) (Lease)  
**6** **22**, Sec. **22**, T. **17S**, R. **11E**, NMPM., **Undesignated** **Pool**  
 Unit Letter

**Edgy**

Please indicate location:

D	C	B	A
E	<b>X</b>	G	H
L	K	J	I
M	N	O	P

**1980' 1/4 & 200' 1/4**

Tubing, Casing and Cementing Record

Size	Feet	Sax
<b>8-5/8</b>	<b>1600</b>	<b>800</b>
<b>4-1/2</b>	<b>7185</b>	<b>1100</b>
<b>2-3/8</b>	<b>7062</b>	<b>700</b>

County. Date Spudded **9-22-60** Date Drilling Completed **10-23-60**  
 Elevation **3640** Total Depth **7185** PBTD **7185**  
 Top Oil/Gas Pay **6992** Name of Prod. Form. **Also Roof**

**PRODUCING INTERVAL -**

Perforations **7084 - 7092**  
 Open Hole \_\_\_\_\_ Depth \_\_\_\_\_  
 Casing Shoe **7185** Depth Tubing **7182**

**OIL WELL TEST -**

Natural Prod. Test: \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Size \_\_\_\_\_  
 Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **91** bbls. oil, **0** bbls water in **7** hrs, **0** min. Size **16/64"**

**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): **500 gallons mud acid**

Casing \_\_\_\_\_ Tubing \_\_\_\_\_ Date first new \_\_\_\_\_  
 Press. **Packer** Press. **1000** oil run to tanks **October 26, 1960**

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

Gas Transporter **Shelly Oil Company**

Remarks:

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

Approved: **OCT 23 1960**, 19\_\_\_\_

**Sinclair Oil & Gas Company**  
 (Company or Operator)

By: **E.R. Wood**  
 (Signature)

**OIL CONSERVATION COMMISSION**

By: **M.L. Armstrong**  
 Title \_\_\_\_\_

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

Name: **E.R. Wood**  
 Address: **520 E Broadway, Hobbs, N.M.**

Originals: OCC-MEMPHIS; cc: HFD, M, File

9-11-1961

OIL CONSERVATION COMMISSION	
ARTESIA DISTRICT OFFICE	
No. Copies Received	7
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NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO  
**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

FORM C-110  
REV. 7-60

RECEIVED  
OCT 28 1960

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator <b>Sinclair Oil &amp; Gas Company</b>				Lease <b>Turner "B" SR</b>		O. C. C. No. <b>73</b>	
Unit Letter <b>C</b>	Section <b>29</b>	Township <b>17S</b>	Range <b>31E</b>	County <b>Eddy</b>			
Pool <b>Undesignated</b>				Kind of Lease (State, Fed, Fee) <b>Federal</b>			
If well produces oil or condensate give location of tanks			Unit Letter <b>C</b>	Section <b>29</b>	Township <b>17S</b>	Range <b>31E</b>	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <b>Texas-New Mexico Pipe Line Company</b>				Address (give address to which approved copy of this form is to be sent) <b>Box 1510, Midland, Texas</b>			
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/> <b>Stelly Oil Company</b>			Date Con- nected <b>10-27-60</b>	Address (give address to which approved copy of this form is to be sent) <b>Box 1650, Tulsa, Oklahoma</b>			

If gas is not being sold, give reasons and also explain its present disposition:


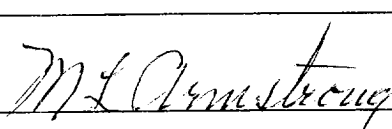
REASON(S) FOR FILING (please check proper box)

New Well ..... ☒ Change in Ownership ..... ☐  
Change in Transporter (check one) Other (explain below) \_\_\_\_\_  
Oil ..... ☐ Dry Gas .... ☐  
Casing head gas . ☐ Condensate.. ☐

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the **27th** day of **October**, 19 **60**.

OIL CONSERVATION COMMISSION		By 
Approved by 	Title <b>Asst. Dist. Supt.</b>	
Title <b>OIL AND GAS INSPECTOR</b>	Company <b>Sinclair Oil &amp; Gas Company</b>	
Date	Address <b>520 E. Broadway Hobbs, New Mexico</b>	

Originals: OCS-1, Tulsa; OCS-2, Santa Fe, N.M.

1. NAME OF THE PARTY	
2. ADDRESS	
3. PHONE NO.	
4. DATE	
5. TIME	
6. PLACE	
7. NAME OF THE PERSON	
8. ADDRESS	
9. PHONE NO.	
10. DATE	
11. TIME	
12. PLACE	
13. NAME OF THE PERSON	
14. ADDRESS	
15. PHONE NO.	
16. DATE	
17. TIME	
18. PLACE	
19. NAME OF THE PERSON	
20. ADDRESS	
21. PHONE NO.	
22. DATE	
23. TIME	
24. PLACE	
25. NAME OF THE PERSON	
26. ADDRESS	
27. PHONE NO.	
28. DATE	
29. TIME	
30. PLACE	