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NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

RECEIVED  
Form C-101  
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE JUN 23 1961

New Well  
Recompletion  
ARTESIA OFFICE

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, June 20, 1961

(Place)

(Date)

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

Sinclair Oil & Gas Co., Turner "B" SP, Well No. 77, in SW 1/4, SW 1/4,  
(Company or Operator) (Lease)

M, Sec. 30, T. 17 So., R. 31 E., NMPM., Undesignated Pool  
Unit Letter

Eddy County. Date Spudded 4/1/61 Date Drilling Completed 6/11/61  
Elevation 3620 Total Depth 11475 PBD 11405

Please indicate location:

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

Top Oil/Gas Pay 10916 Name of Prod. Form. Atoka

PRODUCING INTERVAL -

Perforations 10919- 10927

Open Hole none Depth Casing Shoe 11475 Depth Tubing 10916

OIL WELL TEST -

Natural Prod. Test: 215 bbls. oil, none bbls water in 10 hrs, min. Size 2 1/2" / 64"

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): none bbls. oil, bbls water in hrs, min. Size

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): none

Casing Tubing Date first new Press. 1750 oil run to tanks June 20, 1961

Oil Transporter McWood Corp., 306 W. Tower, Midland, Texas

Gas Transporter Skelly Oil Co., Box 207, Loco Hills, N.M.

Tubing, Casing and Cementing Record

Size	Feet	Sax
13 3/8"	620	650
9 5/8"	2950	1000
7"	11475	500
2 1/2"	10916	Tbg.

Remarks: New Well

I hereby certify that the information given above is true and complete to the best of my knowledge.  
Approved JUN 23 1961, 19

Sinclair Oil & Gas Company  
(Company or Operator)

By: (Signature)  
(Signature)

Title: Clerk  
Send Communications regarding well to:

Name: Mr. W.F. Burns,  
Address: 520 E. Broadway, Hobbs, N.M.

OIL CONSERVATION COMMISSION

By: M.L. Armstrong

Title: OIL AND GAS INSPECTOR

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TRANSPORTER	<input type="checkbox"/>
OIL	<input type="checkbox"/>
GAS	<input type="checkbox"/>
PRODUCTION OFFICE	<input type="checkbox"/>
OPERATOR	<input type="checkbox"/>

**NEW MEXICO OIL CONSERVATION COMMISSION**  
**SANTA FE, NEW MEXICO**  
**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION**  
**TO TRANSPORT OIL AND NATURAL GAS**

**RECEIVED**  
**JUN 23 1961**  
**FORM C-110**  
**(Rev. 7-60)**  
**ARTESIA, OFFICE**

**FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE**

Company or Operator <b>Sinclair Oil &amp; Gas Company</b>				Lease <b>Turner "B" SP</b>		Well No. <b>77</b>	
Unit Letter <b>M</b>	Section <b>30</b>	Township <b>17 So.</b>	Range <b>31 E</b>	County <b>ddy</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>M</b>	Section <b>30</b>	Township <b>17 So.</b>	Range <b>31 E</b>	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <b>McWood Corporation</b>				Address (give address to which approved copy of this form is to be sent) <b>306 VJ Tower, Midland, Texas</b>			
Is Gas Actually Connected? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/> <b>Skelly Oil Company</b>			Date Connected	Address (give address to which approved copy of this form is to be sent) <b>Box 207, Loco Hills, N. Mex.</b>			

If gas is not being sold, give reasons and also explain its present disposition:  
**Blown to air**  
**Will connect as soon as line is laid & connected to their plant**

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

New Well <input checked="" type="checkbox"/>	Change in Ownership <input type="checkbox"/>
Change in Transporter (check one)	Other (explain below)
Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Casing head gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

Remarks

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

Executed this the 20th day of June, 1961.

**OIL CONSERVATION COMMISSION**

Approved by

Title

Date

By

Title

Company

Address

**M L Armstrong**  
**OIL AND GAS INSPECTOR**

**Clark**  
**Sinclair Oil & Gas Company**

**JUN 23 1961**

**520 E. Broadway, bs, N. M.**