

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

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.

Denver, Colorado

November 5, 1964

(Place)

(Date)

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

Sinclair Oil & Gas Company Schlosser-Federal WN, Well No. **4**, in **NE** $\frac{1}{4}$ **NE** $\frac{1}{4}$

(Company or Operator)

(Lease)

A, Sec. **34**, T. **28 North**, R. **11 West**, NMPM, **Basin Dakota** Pool

Unit Letter

San Juan

County. Date Spudded **10-3-64** Date Drilling Completed **10-13-64**

Elevation **5665' GL** Total Depth **6220'** FBTD **6181'**

Please indicate location:

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

Top ~~Oil~~/Gas Pay **6029** Name of Prod. Form. **Basin Dakota**

PRODUCING INTERVAL -

Perforations **Graneros Sand 6023-42, Dakota 6109-56'**

Open Hole **None** Depth **6216'** Depth Casing Shoe **6030'**

OIL WELL TEST - None

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 Choke load oil used): _____ bbls, oil, _____ bbls water in _____ hrs, _____ min. Size _____

GAS WELL TEST -

Natural Prod. Test: **None** MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8"	356'	240
4-1/2"	6215'	400 ax 1st stage
		1000 ax 2nd stage
2-3/8"	6030'	

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: **4450** MCF/Day; Hours flowed **12**

Choke Size **3/4** Method of Testing: **Pitot**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **Dakota 6109-6156' 50,000# 3d & 53,000 gal Wtr**
Graneros 6033-42 15,000 #3d & 33,000 gal Wtr
Casing **1000'** Tubing **300'** Date first new _____
Press. **1000'** Press. **300'** oil run to tanks **None**

Oil Transporter **McWood Corporation (Condensate)**

Gas Transporter **El Paso Natural Gas Company**

Remarks: **Well Completed 10-17-64 FARD 4450 MCFPD**

SI Waiting on connection

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

Approved: **NOV 9 1964**, 19____

Sinclair Oil & Gas Company

(Company or Operator)

By: _____ (Signature) **W. A. Walther, Jr.**

OIL CONSERVATION COMMISSION

Title: **Division Production Superintendent**

By: **A. K. KENDRICK**

Send Communications regarding well to:

Sinclair Oil & Gas Company

Title: **PETROLEUM ENGINEER DIST. NO. 3**

W. A. Walther, Jr.

Name: **601 Denver Club Building**

Address: **Denver, Colorado**