

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 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 November 1, 1957
(Place) (Date)

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

Sinclair Oil & Gas Company, H.S. Turner, Well No. 3, in SE 1/4 SW 1/4,
(Company or Operator) (Lease)
N Sec. 29, T 21, R 37, NMPM, Blinebry Pool
Unit Letter

Lea County Date Spudded 10-6-57 Date Drilling Completed 10-31-57

Please indicate location:

Elevation _____ Total Depth 6618 PBD 6609

Top Oil/Gas Pay 5533 Name of Prod. Form. Blinebry

PRODUCING INTERVAL --

Perforations 5567-5591, 5598-5626, 5685-5698, 5634-5645

Open Hole _____ Depth _____ Depth _____
Casing Shoe _____ Tubing _____

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

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

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

Size	Feet	Size

Test After Acid or Fracture Treatment: 5000 MCF/Day; Hours flowed 24

Choke Size 23/64 Method of Testing: Back pressure test

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Acid w/1,000 gal mud acid. Free with 20,000 gal and 20,000# sd.

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks _____

Oil Transporter _____

Gas Transporter _____

Remarks: _____

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

Approved _____, 19 _____ Sinclair Oil & Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: *C. C. Salter*
(Signature)

By: _____ Title District Supt.
Send Communications regarding well to:

Title _____ Name C. C. Salter

Orig. & 3cc:OCC
cc:FHR, HFD, File

Address Hobbs, New Mexico