

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

July 9, 1958

(Place)

(Date)

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

Sinclair Oil & Gas Co.

H.E. West "B"

Well No. **15**

in **SW** $\frac{1}{4}$ **NE** $\frac{1}{4}$

(Company or Operator)

(Lease)

G

Sec. **10**

T. **17E**

R. **31E**

NMPM,

Grayburg-Jackson

Pool

Unit Letter

Eddy

County. Date Spudded **5-8-58**

Date Drilling Completed

6-17-58

Please indicate location:

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

Elevation **3919**

Total Depth **3728**

FBD **3726**

Top Oil/Gas Pay **3232**

Name of Prod. Form. **Grayburg**

PRODUCING INTERVAL -

Perforations **3515-3540 & 3372-3378**

Open Hole

Depth

Depth

Casing Shoe **3728**

Tubing **3453**

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): **69** bbls. oil, **0** bbls water in **23** hrs, **0** min. Size **1/2"**

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): **Perforations 3515-3540 w/30,000 gals oil & 30,000 lbs sand.**

Casing **Perforations 3372-3378 w/15,000 gals oil & 15,000 lbs sand.**

Press. **500#** Press. **50#** oil run to tanks

July 8, 1958 twice.

Oil Transporter **Texas-New Mexico Pipeline Co.**

Gas Transporter **None- Flared**

Tubing, Casing and Cementing Record

Size	Feet	Sax
10-3/4	780	200
5-1/2	3728	100
2"	3453	

Remarks:

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

Approved: **JUL 9 1958**, 19

Sinclair Oil & Gas Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: **M. L. Armstrong**

Title _____

By: _____ (Signature)

Title **Dist Supt**

Send Communications regarding well to:

Name **C.C. Salter**

Orig & cc: OCC; cc: FHR, HFD, File

Address **520 E Broadway, Hobbs, N.M.**

OIL CONSERVATION COMMISSION

ARTESIA DISTRICT OFFICE

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BY

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DATE

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NEW MEXICO OIL CONSERVATION COM. SSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator Sinclair Oil & Gas Company Lease H.E. West "B"

Well No. 15 Unit Letter G S 10 T 17B R 31B Pool Grayburg-Jackson

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

If well produces oil or condensate, give location of tanks: Unit G S 10 T 17B R 31B

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 _____

(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:

Flared

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 9 day of July 19 58

Approved _____ 19 _____

OIL CONSERVATION COMMISSION

By M. L. Armstrong

Title _____

By [Signature]

Title Dist Supt

Company Sinclair Oil & Gas Co.

Address 520 E Broadway

Hobbs, New Mexico

Orig & 4cc: OCC; cc: FBR, HFD, File

OIL CONSERVATION COMMISSION

ANTENNA DISTRICT OFFICE

No. 2112 Received

DESCRIPTION

NO.

SUBJECT

DATE

TIME

BY

FOR

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