

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

Orig & 4CC to: OCC

1 CC to: FHR-JTR-File

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-104 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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico, October 11, 1955

(Place)

(Date)

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

Sinclair Oil & Gas Company Lee Whitman-B, Well No. 9, in SW 1/4 SE 1/4

Company or Operator:

(Lease)

0, Sec. 23, T. 14-S, R. 37-E, NMPM, Denton Wolfcamp Pool

Unit

@ 1:00 P. M.

Lea County. Date Spudded Aug. 11, 1955, Date Completed Oct. 11, 1955

Please indicate location:

Elevation 3814 (GL) Total Depth 9450 P.B. 9448

Top oil/gas pay 9358 Name of Prod. Form Wolfcamp Line

with 4 jet shots per foot from-
Casing Perforations: 9358-9390; 9394-9401; 9416-9431; or

Depth to Casing shoe of Prod. String 9450

Natural Prod. Test None BOPD

based on No bbls. Oil in No Hrs. No Mins.

Test after acid or shot 139 BOPD

Based on 139 bbls. Oil in 24 Hrs. No Mins.

Gas Well Potential Insufficient to measure.

Size choke in inches 2"

Date first oil run to tanks or gas to Transmission system: Oct. 11, 1955

Transporter taking Oil or Gas: Service Pipe Line Company

Casing and Cementing Record

Size Feet Sax

13-3/8	303	350
9-5/8	4784	2400
7" OD	9450	125
2-1/2	9320	---

Remarks: Drilling contractor--Oil States Drilling Company

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: _____
(Signature)

By: _____

Title District Superintendent

Send Communications regarding well to:

Title _____

Name C. C. Salter

520 East Broadway

Address Hobbs, New Mexico

