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NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

5720 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.

Hobbs, New Mexico

February 19, 1964

(Place)

(Date)

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

Sinclair Oil & Gas Company **Kendrick Estate**, Well No. **1**, in **NW** $\frac{1}{4}$, **28** $\frac{1}{4}$,
(Company or Operator) (Lease)

J Sec. **5**, T. **12S**, R. **30E**, NMPM., (**Gladiola Wolfcamp**) Pool
Unit Letter

Lee

County. Date Spudded

workover
Date/Drilling Completed **2/19/64**

Please indicate location:

Elevation **3866** Total Depth **12021** FBTD **9468**

Top Oil/Gas Pay **9055** Name of Prod. Form. **Wolfcamp**

PRODUCING INTERVAL -

Perforations **9448-9458**

Open Hole _____ Depth _____ Depth _____
Casing Shoe _____ Tubing **9362**

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 load oil used): **86** bbls. oil, **277** bbls. water in **24** hrs, **0** min. Size **Pump** Choke

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): **2500 gals acid**

Casing **Hydraulic** Tubing **Hydraulic** Date first new **February 18, 1964**
Press. **Packer** Press. **Pump** oil run to tanks

Oil Transporter **Magnolia Pipe Line Company**

Gas Transporter **Sinclair Oil & Gas Company**

Remarks: **well previously producing from the Devonian Zone - plugged back, worked over and recompleted in the Wolfcamp Zone.**

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 **Fred Burns**
(Signature)

By _____

Title **Dist. Supt.**

Send Communications regarding well to:

Name **Fred Burns**

Title _____

Orig:3cc: OGC; cc:RFS, File

520 E Broadway, Hobbs, N.M.