

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.

Sinclair Oil Corporation Merged
into Atlantic Richfield Company
effective March 4, 1969

Hobbs, New Mexico
(Place)

July 21, 1958
(Date)

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

Sinclair Oil & Gas Co. **Henry A. Harris**, Well No. **4**, in **SW** $\frac{1}{4}$ **NE** $\frac{1}{4}$,
(Company or Operator) (Lease)
G, Sec. **18**, T. **12S**, R. **38E**, NMPM., **Gladiola** Pool
Unit Letter

Lea

Please indicate location:

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

County. Date Spudded **5-7-58** Date Drilling Completed **6-12-58**
Elevation **3870** Total Depth **11985** FBTD **11984**

Top Oil/Gas Pay **11955** Name of Prod. Form. **Devonian**

PRODUCING INTERVAL -

Perforations **11970 - 11980**

Open Hole _____ Depth **11985** Casing Shoe **11971** Depth **11971** Tubing

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **184** bbls. oil, **0** bbls water in **7** hrs, **0** min. Choke Size **17/64**

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): **500 gals mud acid**

Casing _____ Tubing _____ Date first new _____
Press. **Packer** Press. **350** oil run to tanks **July 19, 1958**

Oil Transporter **Servize Pipe Line Company**

Gas Transporter **Sinclair Oil & Gas Company**

Tubing, Casing and Cementing Record

| Size | Feet | Sax |
|---------------|--------------|-------------|
| 13-3/8 | 324 | 350 |
| 9-5/8 | 4540 | 1700 |
| 5-1/2 | 11985 | 150 |
| 2" | 11971 | |

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 *Carl H. H. H.*

Title _____

By: *Ch. H. H.*
(Signature)

Title **Dist Supt**

Send Communications regarding well to:

Name **C.C. Salter**

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

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