

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

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.

Hobbs, New Mexico
(Place)

November 1, 1957
(Date)

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

Sinclair Oil & Gas Company Rosa Shults, Well No. 1, in SW 1/4, SW 1/4,
(Company or Operator) (Lease)

N, Sec. 18, T. 12, R. 38, NMPM, Gladiola Devonian Pool
Unit Letter

Lee County. Date Spudded 9-14-57 Date Drilling Completed 10-10-57

Please indicate location:

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

Elevation _____ Total Depth 12045 PBD 12010

Top Oil/Gas Pay 11960 Name of Prod. Form. Devonian

PRODUCING INTERVAL -

Perforations 11970-74, 11980-88

Open Hole _____ Depth _____ Casing Shoe 12045 Depth _____ Tubing 11968

OIL WELL TEST -

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

Test After Acid or ~~Fracture~~ Pumped Treatment (after recovery of volume of oil equal to volume of load oil used): 80 bbls. oil, 0 bbls water in 24 hrs, 0 min. Choke Size _____

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): 1,000 gal mud acid

Casing _____ Date first new
Press. _____ oil run to tanks 11-1-57

Oil Transporter Service Pipe Line Company, Midland, Texas

Gas Transporter _____

Remarks: Well is in production

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: E. Fisher

By: E. Fisher
(Signature)

Title _____

Title District Supt.

Send Communications regarding well to:

Name C. C. Salter

Address Hobbs, New Mexico

Orig. & 3cc:OCC

cc:FHR,HFD,File

(See reverse side for list of partners)

(PARTNERS)

as: George H. Coates

Shell Oil Company

McAlester Fuel Company

Colorado Oil & Gas Corp.

Iris Goldston

Iris Goldston, Ancillary Executrix and

W. J. Goldston, Executor U/W and of the

Estate of Walter Goldston, Deceased

W. J. Goldston

W. O. Pertee

W. J. Goldston, Successor Trustee

W. R. Stephen

R. S. Foster