

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 storage tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Subsidiary of Corporation Merged
Into Atlantic Richfield Company
effective March 4, 1958

Hobbs, New Mexico
(Place)

July 10, 1958
(Date)

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

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

L Unit Letter, Sec. **18**, T. **12S**, R. **38E**, NMPM., **Gladiola** Pool

Lea County. Date Spudded **4-19-58** Date Drilling Completed **6-30-58**

Please indicate location:

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

Elevation **3875** Total Depth **11945** PBTD **11944**

Top Oil/Gas Pay **11918** Name of Prod. Form. **Devonian**

PRODUCING INTERVAL -

Perforations **11932 - 11944**

Open Hole Depth **11945** Casing Shoe **11918** Depth **11918** 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): **96** bbls. oil, **0** bbls water in **8** hrs, **0** min. Choke Size **Swab**

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 Press. **Swab** Tubing Press. **Swab** Date first new oil run to tanks **July 7, 1958**

Oil Transporter **Service Pipe Line Company**

Gas Transporter **Sinclair Oil & Gas Company**

Tubing, Casing and Cementing Record

Size	Feet	SAX
13-3/8	316	350
8-5/8	4520	1700
5-1/2	11945	150
2	11918	

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: _____

By: **C.C. Salter**
(Signature)

Title **Dist. Supt.**

Send Communications regarding well to:

Name **C.C. Salter**

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

Address **520 E Broadway, Hobbs, N.M.**
(see reverse side for list of addresses)

PARTNERS:

George H. Carter
Shell Oil Co
Waller Fuel Co
Colorado Oil & Gas Corp
Iris Goldstein
Iris Goldstein, Auxiliary Executive
H.S. Goldstein
H.J. Goldstein, Successor Trustee
H.C. Furtos
H.H. Stephens
H.S. Foster