

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 QUADRUPPLICATE to the same District Office to which Form C-3101 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

August 9, 1959

(Place)

(Date)

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

KENDALL OIL & GAS COMPANY **J. P. DEAN**, Well No. **1**, in **SE** 1/4 **SW** 1/4,

....., Sec. **35**....., T. **158**....., R. **362**....., NMPM, **WILSON ?** Pool

Lea County County. Date Spudded. 2/24/55, Date Completed. 7/23/55

Please indicate location:

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Elevation.....**3055**.....GL..... Total Depth.....**13910**....., P.B. **13875**.....

Top oil/gas pay.....13600..... Name of Prod. Form.....Devotion.....

Casing Perforations: 13600 to 13725 or

Depth to Casing shoe of Prod. String.....1970

Natural Prod. Test.....552.....BOPD

based on 23 bbls. Oil in 1 Hrs. Mins.

Test after acid or shot.....**2354**.....BOPD

Based on 1500 bbls. Oil in 1.6 Hrs. Mins.

Gas Well Potential.....

Size choke in inches..... 2 1/64" & 1/2"

Date first oil run to tanks or gas to Transmission system:..... 8/1 /98

Transporter taking Oil or Gas: Gulf Pipe Line Camps ny

Remarks: 13 3/4" OD casing - cement circulated to surface

9 5/8"OD do - Cement Circulated to Surface

Cement behind 5 1/2" OD casing @ 10265' f/ Surface

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved: AUG 10 1955, 1955 **SINCLAIR OIL & GAS COMPANY**

OIL CONSERVATION COMMISSION

By: Warren M. Martin

Title Engineer District 1

By: Ed. Sutter
(Signature)

Title.....**DIST. SUPP.**.....

Send Communications regarding well to:

Name C. C. S. S. S.

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