

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico  
(Place)

February 1, 1957  
(Date)

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

Sinclair Oil & Gas Company,

State Lea 396  
(Lease)

Well No. 1, in NE  $\frac{1}{4}$  SW  $\frac{1}{4}$ ,

(Company or Operator)

(Lease)

K, Sec. 35, T. 15S, R. 36E, NMPM, Dean-Penn.

(Unit)

Pool

Lea

County. Date Spudded 1-17-57

Date Completed 2-1-57

Please indicate location:

	X		

Elevation 3657' Total Depth 13690' P.B. 13655'

Top oil/gas pay 11,433' Prod. Form Penn-Strain

Casing Perforations: 11510-11560'

Depth to Casing shoe of Prod. String 13585'

Natural Prod. Test \_\_\_\_\_ BOPD

based on \_\_\_\_\_ bbls. Oil in \_\_\_\_\_ Hrs. \_\_\_\_\_ Mins.

Test after acid or shot 528 BOPD

Based on 528 bbls. Oil in 24 Hrs. \_\_\_\_\_ Mins.

Gas Well Potential \_\_\_\_\_

Size choke in inches 3/4"

Date first oil run to tanks or gas to Transmission system: \_\_\_\_\_

Transporter taking Oil or Gas: Texas-New Mexico Pipe Line Company

Casing and Cementing Record

Size Feet Sax

13 3/8"	300	350
9 5/8"	4926'	2600
7"	13690'	150
2" Hydril	11508'	

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: E. J. Fischer

By: C. C. Salter  
(Signature)

Title District Supt.  
Send Communications regarding well to:

Title \_\_\_\_\_

Name C. C. Salter

Address 520 East Broadway, Hobbs, N.M.

Orig. & Rec: OGC

cc: State Land Office

cc: HFD, FILE, FHR,