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# 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**

**May 21, 1962**

(Place)

(Date)

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

**Sinclair Oil & Gas Company** State Lea 405, Well No. **1**, in **NE**  $\frac{1}{4}$  **NW**  $\frac{1}{4}$ ,  
(Company or Operator) (Lease)

**C**, Sec. **22**, T. **18N**, R. **35E**, NMPM, **South Vacuum Bone Springs** Pool  
Unit Letter **Lea**

Please indicate location:

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

**660' f/w & 1980' f/w**  
(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
<b>13-3/8</b>	<b>325</b>	<b>400</b>
<b>9-5/8</b>	<b>4990</b>	<b>1900</b>
<b>7</b>	<b>11783</b>	<b>300</b>
<b>2-3/8</b>	<b>8605</b>	<b>Tbg</b>

County. Date Spudded \_\_\_\_\_ Date Drilling Completed \_\_\_\_\_  
Elevation **3893** Total Depth **11783** PBTD **11596**

Top Oil/Gas Pay **6975** Name of Prod. Form. **Bone Spring**

PRODUCING INTERVAL -

Perforations **8649-8664 & 8668-8681**

Open Hole \_\_\_\_\_ Depth \_\_\_\_\_ Casing Shoe \_\_\_\_\_ Depth \_\_\_\_\_  
Tubing **8605**

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): **92** bbls. oil, **44** bbls. water in **24** hrs, **0** min. Choke Size **Pump**

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): **3000 gals acid**

Casing \_\_\_\_\_ Tubing \_\_\_\_\_ Date first new \_\_\_\_\_  
Press. **Packer** Press. **0** oil run to tanks **May 11, 1962**

Oil Transporter **Texas-New Mexico pipeline Company**

Gas Transporter **Phillips Petr. Co.**

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: **Fred Burns**  
(Signature)

By: \_\_\_\_\_

Title **DIST. SUPT.**

Send Communications regarding well to:

Name **FRED BURNS**

Title \_\_\_\_\_

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

Orig&Rec: OCC; cc:HFD,JM,File