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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,

July 22, 1963

(Place)

(Date)

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

Sinclair Oil & Gas Company
(Company or Operator)

State Lea 4011
(Lease)

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

N $\frac{1}{2}$ Sec. **8**, T. **18 S**, R. **35 E**, NMPM, **UNDESIGNATED (DUAL COMPLETION)** Pool

Lea

County. Date Spudded **4/27/63**

Date Drilling Completed **7/4/63**

Please indicate location:

Elevation **3939**

Total Depth **12000** PBD **11900**

Top Oil/Gas Pay **8754**

Name of Prod. Form. **BONE SPRING**

PRODUCING INTERVAL -

Perforations **8758 to 8785 (54- 1/2" Jet Shots)**

Open Hole

Depth

Casing Shoe **12000**

Depth

Tubing **8754**

OIL WELL TEST -

Natural Prod. Test: **none** bbls. oil, **none** bbls water in **Sw Dry**, min. Size **Choke**

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **149** bbls. oil, **none** bbls water in **6** hrs, min. Size **10-18/64"**

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.**

Casing

Tubing

Date first new

Press. **Fr.**

Press. **510**

Oil run to tanks

7/20/63

Oil Transporter **McWood Corporation**

Gas Transporter **None - flared**

Remarks: **DUAL COMPLETED WELL**

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: _____

Title _____

By: _____
(Signature)

Title **Dist. Supt.**

Send Communications regarding well to:

Name **Mr. W.F. Burns,**

520 E. Broadway, Hobbs, N.M.