

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.

into Atlantic Ocean at **Hobbs, New Mexico** **November 19, 1959**
(Place) (Date)

SINCLAIR OIL CORPORATION
WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:
Sinclair Oil & Gas Co. **Selby Navesty** Well No. **1A-X** in **SE** $\frac{1}{4}$ **SW** $\frac{1}{4}$,
(Company or Operator) (Lease)
N Sec. **35** T. **19S** R. **36E** **Funice-Monument**
Unit Letter (Monument Area) Pool

Lee County. Date Spudded **10-30-59** Date Drilling Completed **11-10-59**
Please indicate location: Elevation **3604** Total Depth **3950** FBTD **3900**

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

Top Oil/Gas Pay **3620** Name of Prod. Form. **Grayburg**

PRODUCING INTERVAL -

Perforations **3873-3885**
Open Hole _____ Depth _____ Casing Shoe **3948** Depth Tubing **None**

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **44** bbls. oil, **0** bbls water in **4** hrs, **0** min. Size **80/64"** Choke

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
7-5/8	308	300
2-7/8	3948	567

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): **1500 gal acid, 5000 gal-5000 lbs sand sand oil frac**

Casing **150#** Tubing _____ Date first new **November 18, 1959**
Press. _____ Press. _____ oil run to tanks

Oil Transporter **Texas-New Mexico Pipe Line Company**

Gas Transporter **Warren Petroleum Corp.**

Remarks: **No tubing run - slim hole completion -**
Cancel Allow for Selby Navesty #1

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)

By: *Sm. Sellers*
(Signature)

Title **Asst. Dist. Supt.**
Send Communications regarding well to:

Name **L.M. Sellers**

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

OIL CONSERVATION COMMISSION

Title _____

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