

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

HOBBS OFFICE 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 9, 1962

(Place)

(Date)

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

Sinclair Oil & Gas Company

Mary J. Byrd

, Well No. **3**, in **SW** $\frac{1}{4}$ **NE** $\frac{1}{4}$

(Company or Operator)

(Lease)

0, Sec. **11**, T. **20S**, R. **36E**, NMPM., **Sanico-Monument-Monument Area** Pool

Unit Letter

Lee

County. Date Spudded **6-13-62**

Date Drilling Completed **6-21-62**

Please indicate location:

Elevation **3572** Total Depth **4000** PBD **3870**

Top Oil/Gas Pay **3578** Name of Prod. Form. **Grayburg**

PRODUCING INTERVAL -

Perforations **3842-3854**

Open Hole Depth **4000'** Casing Shoe **3870** Depth **3870** Tubing

OIL WELL TEST -

Natural Prod. Test: **36** bbls. oil, **10** bbls water in **12** hrs, **0** min. Size **PUMP**

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

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): **No treatment**

Casing Press. **Zero** Tubing Press. **Zero** Date first new oil run to tanks **July 1, 1962**

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

Gas Transporter **Warren Petroleum Corp.**

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: **Leslie A. Clements**

Title _____

By: **Fred Burns**

(Signature)

Title **Dist. Supt.**

Send Communications regarding well to:

Name **Fred Burns**

Address **520 E Broadway, Hobbs, New Mexico**

Orig:Joc:OCC; cc:HFD,EM,File