

# 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 October 25, 1961  
(Place) (Date)

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

Sinclair Oil & Gas Company, Well No. 4, in NE 1/4, NE 1/4, (Company or Operator) (Lease)

N, Sec. 29, T. 21S, R. 37E, NMPM, Paddock Pool

Unit Letter

Please indicate location:

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

County. Date Spudded Date Drilling Completed  
Elevation 3472 Total Depth 6627 FRTD 5961

Top Oil/Gas Pay 5143 Name of Prod. Form. Paddock

PRODUCING INTERVAL -

Perforations 5144-5150

Open Hole Depth Casing Shoe 6627 Depth Tubing 5133

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): 33 bbls. oil, 100 bbls. water in 24 hrs, 0 min. Size FWP

GAS WELL TEST -

660' 1/2 Depth & 660' 1/2 West

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
13-3/8	315	300
7-5/8	2796	1000
5-1/2	6627	400
2-3/8	5133	Tog

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): 500 gals mud acid, 15,000 gal-15,000 sandoil free

Casing Press. 0 Tubing Press. 0 Date first new oil run to tanks October 19, 1961

Oil Transporter Texas-New Mexico Pipe Line Company

Gas Transporter None - Gas Flared

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: (Signature)  
(Signature)

By:

Title: Asst Dist Supt

Title:

Send Communications regarding well to:

Orig:3cc: OCC; cc:HFD, JM, File

Name: E.R. Wood

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