

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 31, 1957

(Place)

(Date)

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

Sinclair Oil & Gas Company W.H. Turner

Well No. 3

NE

1/4 NW 1/4

(Company or Operator)

(Lease)

K

Sec. 29

T. 21

R. 37

NMPM.

Tabbs

Pool

Unit Letter

Lee

County. Date Spudded 9-16-57

Date Drilling Completed 9-24-57

Please indicate location:

Elevation

Total Depth 6629

PBTD

Top Oil/Gas Pay 6559

Name of Prod. Form. Tabbs

PRODUCING INTERVAL -

Perforations 6100-6155, 6174-6205, and 6224-6234

Open Hole

Depth

Depth

Casing Shoe

Tubing

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 Choke 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 Treatment: 2043 MCF/Day; Hours flowed 24

Choke Size 23/64 Method of Testing: Back Pressure

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 16,000 gal acid.

Casing Tubing Date first new  
Press. Press. oil run to tanks

Oil Transporter

Gas Transporter EQ Pass Natural Gas 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)

By:

(Signature)

OIL CONSERVATION COMMISSION

By:

Title Dist. Supt.

Send Communications regarding well to:

Title

Name C. C. Salter

Orig. & See OCC

cc:FHR,HFD,File

Address Hobbs, New Mexico