

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

REQUEST FOR (Oil or 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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hebb, N. M. Mexico,

Sept. 1st., 1955

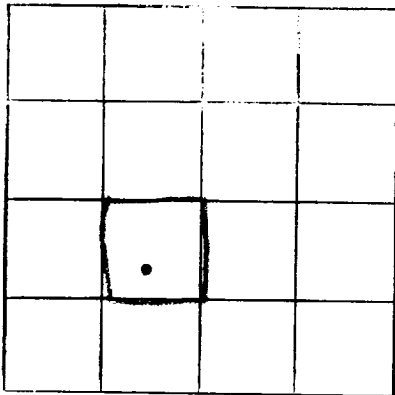
(Place)

(Date)

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

Sinclair Oil & Gas Company State **367**, Well No. **3**, in **NE** $\frac{1}{4}$ **SW** $\frac{1}{4}$,
(Company or Operator) (Lease)
E (Unit), Sec. **36**, T. **21S**, R. **37E**, NMPM., **Tabbs Gas** Pool
Lee County. Date Spudded....., Date Completed **6/18/55**

Please indicate location:

Elevation **3350** Total Depth **6589**, P.B. **6294**Top oil/gas pay **6156-6249** Name of Prod. Form **Tabbs Gas**Casing Perforations: **6156-90 & 6236-49** **Tabbs Gas** orDepth to Casing shoe of Prod. String **6590**Natural Prod. Test **6156-6249** " **50 MCF** " **do** **Tabbs Gas**based on **actual test** bbls. Oil in..... Hrs..... Mins.....Test after acid or shot **6156-6249** after **5000** **do** **3632 MCF** **do** **TUBBS Gas**Based on **actual tests** bbls. Oil in..... Hrs..... Mins.....Gas Well Potential **3632** **MCF gas 24 Hrs.-** **Tabbs Gas**Size choke in inches **1" Chokes**Date first oil run to tanks or gas to Transmission system: **9/1/55**Transporter taking **Oil** Gas: **Permian Pipe Line Co.,**

Remarks: **This well was completed as a dual gas well - Tabbs June 18th, 1955 - Shut in for pipe line connection.**

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]*
(Signature)Title **Dist. Supt.**
Send Communications regarding well to:Name **E.C. Carter,**Address **Hebb, N. M.**

OIL CONSERVATION COMMISSION

By: *[Signature]*

Title