

Orig. & 3cc- OGC

1cc- Mr. ~~Mr. [illegible]~~MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico(Form C-101)
Revised 7-1-52

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 QUADRUPPLICATE 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 psi at 60° Fahrenheit.

Hobbs, New Mexico,

Feb. 1, 1956

(Place)

Date

SINCLAIR OIL CORPORATION

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

Sinclair Oil & Gas Co.,

Well No. 2, in SE 1/4 NW 1/4

Company or Operator

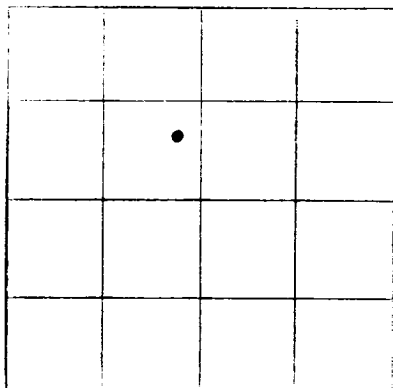
(Lease)

"F"
Unit

Sec. 7, T. 22S, R. 36E, NMPM., Jalmat Pool

Lea County. Date Spudded 12/19/55 Date Completed 12/23/55

Please indicate location:

OLD WELL PLUGGED BACK

Elevation 3599 Total Depth 3823 P.B. 3692

Top oil gas pay 3539 Name of Prod. Form Yates

Casing Perforations: 3599 to 3638 or

Depth to Casing shoe of Prod. String 3730

Natural Prod. Test BOPD

based on bbls. Oil in Hrs. Mins.

Test after acid or shot BOPD

Based on bbls. Oil in Hrs. Mins.

Gas Well Potential 6,520,000 CU. Ft.

Size choke in inches

Date first oil run to tanks or gas to Transmission system: 2/1/56

Transporter taking Oil or Gas: El Paso Natural Gas Co.,

Casing and Cementing Record

Size Feet Sax

13"OD	247	250
9 5/8	1613	400
7"OD	3730	250
2 1/2"	3610	

Remarks: OLD OIL WELL TEMPORARY ABANDONED- SOUTH EUNICE POOL-
PLUGGED BACK TO YATES GAS-RELOCATED IN JALMAT GAS POOL

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved 2/1/56 19

Sinclair Oil & Gas Company
Company or Operator

OIL CONSERVATION COMMISSION

By: [Signature]
Signature

By: [Signature]

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

Title

Name: C. C. Salter

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