

# 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  
(Place)

June 23, 1958  
(Date)

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

Sinclair Oil & Gas Co. State Les 407 Well No. 5 in NW  $\frac{1}{4}$  NW  $\frac{1}{4}$ ,  
(Company or Operator) (Lease)

D 33 Sec. 218 T. 35E R. Undesignated Pool  
Unit Letter

Lea

County. Date Spudded 5-14-58 Date Drilling Completed 5-25-58

Please indicate location:

Elevation 3631' Total Depth 3950 PBD 3914

Top Oil/Gas Pay 3768' Name of Prod. Form. XXXX Yates

PRODUCING INTERVAL -

Perforations 3848-3868 & 3874-3890

Open Hole \_\_\_\_\_ Depth \_\_\_\_\_  
Casing Shoe 3949 Depth Tubing 3844

OIL WELL TEST -

Natural Prod. Test: \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Size \_\_\_\_\_

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 66 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size 3/4"

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): see under remarks

Casing \_\_\_\_\_ Tubing \_\_\_\_\_ Date first new \_\_\_\_\_  
Press. 2804 Press. 508 oil run to tanks 6-20-58

Oil Transporter McWood Corporation

Gas Transporter None

Remarks: Fractured perms 3874-3890 w/20,000 gals oil & 20,000 lbs sand and then fractured perms 3848-3868 & 3874-3890 w/20,000 gals oil & 20,000 lbs sand.

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: C.C. Salter  
(Signature)

By: \_\_\_\_\_

Title Dist. Supt.  
Send Communications regarding well to:

Title \_\_\_\_\_

Name C.C. Salter

Orig & 3cc: OCC; cc: FHR, HFD, File

Address 520 E Broadway, Hobbs, N.M.