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J.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)
Revised 7/1/57

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

HOBBS OFFICE O.C.C. Well
Recompletion

JUL 31 1 41 PM '64

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 15.023 psia at 60° Fahrenheit.

Hobbs, New Mexico

July 31, 1964

(Place)

(Date)

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

Sinclair Oil & Gas Company

S. J. Sarkeys

Well No. **1**

in **N/W**

S/E

1/4

(Company or Operator)

(Lease)

J

Sec. **23**

T. **21S**

R. **37E**

NMPM,

Blinebry

Pool

Unit Letter

Lee

Please indicate location:

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

County Date Spudded

Date Drilling Completed

Elevation **3396**

Total Depth **6700'**

P.B.T.D. **6626'**

Top Oil/Gas Pay **5589**

Name of Prod. Form. **Blinebry - Oil**

PRODUCING INTERVAL -

5746, 5757, 5765, 5773, 5779, 5793, 5806,

Perforations

5818, 5828, 5844, 5862, 5874, 5889 & 5894'

Open Hole

Depth

Depth

Casing Shoe

Tubing

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of

load oil used). **83** bbls. oil, **0** bbls. water in **24** hrs, **0** min. Choke Size **18/64"**

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): **20,000 Gal. Ref. Oil & 20,000# Sand Frac, 1500 Gal. Acid**

Casing Press. **75#** Tubing Press. **250#** Date first new oil run to tanks **July 18, 1964**

Oil Transporter **Texas New Mexico Pipe Line Company**

Gas Transporter **Warren Petroleum Corporation**

Remarks:

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

Approved **July 31,** 19 **64**

Sinclair Oil & Gas Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: *Joe X. [Signature]*

By: *[Signature]*

(Signature)

Senior Engineer

Title _____

Send Communications regarding well to:

Sinclair Oil & Gas Company

Name _____

P. O. Box 1920, Hobbs, New Mexico 88240

Address _____

CC: OCC cc: RFS, File