

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

June 23, 1958

(Place)

(Date)

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

Sinclair Oil & Gas Co.

A.M. YORK "B"

Well No. **2**, in **NE** $\frac{1}{4}$ **NE** $\frac{1}{4}$,

(Company or Operator)

(Lease)

A

Sec. **20**

T. **21S**

R. **37E**

NMPM,

Tubbs Gas

Pool

Unit Letter

10a

County. Date Spudded

Date Drilling Completed

Please indicate location:

Elevation **3484**

Total Depth **6637** PBD **6622**

Top Oil/Gas Pay **6130**

Name of Prod. Form. **Tubbs**

PRODUCING INTERVAL -

Perforations **6204-6250 & 6270-6300**

Open Hole _____ Depth _____ Casing Shoe _____ Depth _____ Tubing **6267**

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): **198** bbls. oil, **0** bbls water in **24** hrs, **0** min. Choke Size **1/2"**

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 gals oil & 20,000 lbs sand**

Casing **100%** Tubing **50%** Date first new **6-20-58**
Press. _____ oil run to tanks

Oil Transporter **Texas-New Mexico Pipeline Co.**

Gas Transporter **Warren Petroleum**

Tubing, Casing and Cementing Record

Size	Feet	Sax
13-3/8	303	300
9-5/8	2795	1000
7	6636	500
2-1/16	6267	

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)

OIL CONSERVATION COMMISSION

By: _____
(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.**