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LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

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

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 OG 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

May 3, 1963

(Place)

(Date)

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

Sinclair Oil & Gas Company

R.C. Adkins

Well No. **11**

NE

1/4

NE

1/4

(Company or Operator)

(Lease)

A

Sec. **9**

T. **21S**

R. **36E**

NMPM, **(Blindery)** Undesignated

Pool

Unit Letter

100

County. Date Spudded **1-11-63**

Date Drilling Completed **3-12-63**

Please indicate location:

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

610' 2x 1/2 & 660' 2x 1/2

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8	1306	500
5-1/2	6100	700
2-3/8	5967	Thg

Elevation **3590**

Total Depth **21 6100'** FBTD **6150'**

Top Oil/Gas Pay **5883**

Name of Prod. Form. **Blindery (oil)**

PRODUCING INTERVAL -

Perforations **5945-5960**

Open Hole

Depth Casing Shoe **6100'**

Depth Tubing **5967'**

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **26** bbls. oil, **45** bbls water in **24** hrs, **0** min. Size **1 1/2"** Choke

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): **6100 acid; 16,000-18,000 Sand Oil Free; 20000-30000 Water Sand Free**

Casing Press. **0** Tubing Press. **0** Date first new oil run to tanks **May 1, 1963**

Oil Transporter **Shell Pipe Line Company**

Gas Transporter **None**

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 of Operator)

OIL CONSERVATION COMMISSION

By: _____

By: **Fred Burns**
(Signature)

Title **Dist Supt**

Send Communications regarding well to:

Name **Fred Burns**

Title _____

Originals: OGG; cc: NFD, JAL, P12

520 E Broadway, Hobbs, N.M.