

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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 November 4, 1957
(Place) (Date)

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

Sinclair Oil & Gas Company Rodman M. Jones, Well No. 5, in SW $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)
E, Sec. 35, T. 22, R. 36, NMPM, South Union Pool
Unit Letter

Lee County. Date Spudded 10-17-57 Date Drilling Completed 10-31-57
Elevation 3512 Total Depth 3850 PBD 3845

Please indicate location:

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

Top Oil/Gas Pay 3690 Name of Prod. Form. Green

PRODUCING INTERVAL -

Perforations 3700-3716, 3731-3749
Open Hole Depth 3849 Casing Shoe 3758 Depth 3758 Tubing

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 Choke load oil used): 63 bbls. oil, 0 bbls water in 7 hrs, _____ min. Size 14/64

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 gals and 20,000# sand

Casing Tubing Date first new Press. 750 Press. 400 oil run to tanks 11-4-57

Oil Transporter Texas-New Mexico Pipe Line Company

Gas Transporter _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8 5/8</u>	<u>313</u>	<u>200</u>
<u>5 1/2</u>	<u>3849</u>	<u>200</u>
<u>2"</u>	<u>3758</u>	

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: _____

Title _____

By: Leslie M. Sellers
(Signature)

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

Name Leslie M. Sellers

Address 540 East Broadway, Hobbs, New Mexico

Orig. & 3cc:000
cc:JED, MFD, File