

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 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 12/1/58
(Place) (Date)

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

Sinclair Oil & Gas Company Rodman M. Jones, Well No. 1, in NE $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)

D, Sec. 35, T. 22S, R. 36E, NMPM, Jalmat Pool
Unit Letter

Lea County. Date Spudded 3-23-36 Date Drilling Completed 5-11-36

Please indicate location:

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

Elevation 3526 Total Depth 3406 FBTD

Top Oil/Gas Pay 3325 Name of Prod. Form. Yates

PRODUCING INTERVAL -

Perforations

Open Hole _____ Depth _____ Casing Shoe 3003 Depth _____ 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): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed 1597 Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>12 1/2</u>	<u>194</u>	<u>300</u>
<u>9</u>	<u>3003</u>	<u>400</u>
<u>2</u>	<u>3364</u>	

Method of Testing (pitot, back pressure, etc.): Back Pressure

Test After Acid or Fracture Treatment: None 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): _____

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks _____

Oil Transporter _____

Gas Transporter El Paso Natural Gas Co.

Remarks: Original test made while well loaded up with water - Cleaned up well & retested.

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)

Title Dist. Supt.
Send Communications regarding well to:

Name C. C. Salter

Address 520 East Broadway - Hobbs, New Mexico

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