

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 QUADRUPPLICATE 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 **September 26, 1958**
(Place) (Date)

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

Sinclair Oil & Gas Company **R.L. Brunson**, Well No. **5**, in **NW** $\frac{1}{4}$ **SE** $\frac{1}{4}$,
(Company or Operator) (Lease)
J, Sec. **4**, T. **22**, R. **37**, NMPM., **Undesignated** Pool
Unit Letter

Lea

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 **3450** Total Depth **7835** FBTD **7594**

Top Oil/Gas Pay **7328** Name of Prod. Form. **McKee Sand**

PRODUCING INTERVAL -

Perforations **7376-7394 & 7402-7410**

Open Hole Depth Casing Shoe Depth Tubing **7387**

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **134** bbls. oil, **10** bbls water in **22** hrs, **0** min. Size **32/64"**

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): **500 gallons mud acid**

Casing Tubing Date first new Press. **Packer** Press. **200** oil run to tanks **Sept. 24, 1958**

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

Gas Transporter **Warren Petroleum Corp.**

Remarks: **Well plugged back from Ellenberger pay (Brunson Pool) and recompleted in the McKee Sand Pay.**

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)

By: **C.C. Salter**
(Signature)

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

Name: **C.C. Salter**
520 E Broadway, Hobbs, N.M.
Address:

OIL CONSERVATION COMMISSION

By: **[Signature]**

Title:

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