

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

August 29, 1960

(Place)

(Date)

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

Sinclair Oil & Gas Company

R.L. Brunson

Well No. **7**, in **SW** $\frac{1}{4}$ **SE** $\frac{1}{4}$,

(Company or Operator)

(Lease)

0 Sec. **4**, T. **22S**, R. **37E**, NMPM, **Klinebary Gas** Pool

Unit Letter

Lee

County. Date Spudded

Date Drilling Completed

Please indicate location:

Elevation **3224** Total Depth **6555** PBD **6506**

Top Oil/Gas Pay **5522** Name of Prod. Form. **Klinebary Gas**

PRODUCING INTERVAL -

Perforations **5522-5556 & 5573-5587**

Open Hole Depth Casing Shoe Depth Tubing **Klinebary produces thru casing**

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): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ 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: **853** MCF/Day; Hours flowed **7K 10**

Choke Size **18/64"** Method of Testing: **4-point back pressure test.**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **500 gals mud acid & 5000 gals 15% IST acid**

Casing Tubing Date first new Press. **1558#** Press. **1558#** oil run to tanks **Dry Gas**

Oil Transporter **None - Klinebary Zone produces no condensate**

Gas Transporter **HP - Sinclair Oil & Gas Company**

LP - Warren Petroleum Corp.

Remarks:

Dual completed well-also completed in the Brinkard Zone as an oil well.

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)

Title **Dist. Supt.**

Send Communications regarding well to:

Name **Fred Burns**

Address **520 E Broadway, Hobbs, N.M.**

By _____

Title _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
13-3/8	290	300
8-5/8	2805	1000
5-1/2	6555	500