

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 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

February 18, 1959

(Place)

(Date)

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

Sinclair Oil & Gas Co. **Alexander Rodgers**, Well No. **2**, in **NE** $\frac{1}{4}$ **NE** $\frac{1}{4}$,
(Company or Operator) (Lease)

A, Sec. **12**, T. **22**, R. **37**, NMPM., **Tubbs Gas** Pool

Unit Letter

Lea

Please indicate location:

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

County. Date Spudded. Date Drilling Completed
Elevation **3345** Total Depth **6298** PSTD **6295**

Top Oil/Gas Pay **6122** Name of Prod. Form. **Tubbs**

PRODUCING INTERVAL -

Perforations **6149-6190, 6196-6222**

Open Hole Depth Casing Shoe Depth Tubing **6110**

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): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
1 3/4" 213		
9 1/2" 213		
7" 529		
5" 115		

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

Test After Acid or Fracture Treatment: **1016** MCF/Day; Hours flowed **24**

Choke Size **1/4"** Method of Testing **Multi-Point Back Pressure**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): _____

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

Oil Transporter **Texas-New Mexico Pipe Line Co.**

Gas Transporter **HP-El Paso Natural Gas Co; LP-Warren Pet. Corp.**

Remarks:

Classification of well changed from "Oil Well" to "Gas Well" inasmuch as Gravity is above 46° API and GOR is above 2,000/l.

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 **C.C. Salter**

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

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