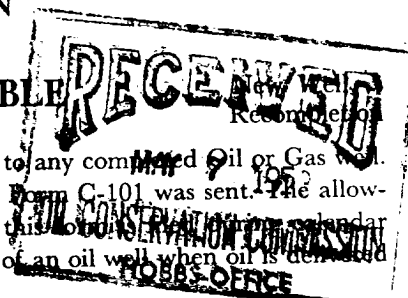


NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico
REQUEST FOR (OIL) - (GAS) ALLOWABLE



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 is not later than the calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when oil is de-aired into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico
(Place)

May 5, 1953
(Date)

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

Sinclair Oil & Gas Company **L. E. Vance**, Well No. **1**, in **SE** $\frac{1}{4}$ **SW** $\frac{1}{4}$,
(Company or Operator) (Lease)
N, Sec. **30**, T. **24 S**, R. **33 E**, NMPM, **Dollarhide-Drinkard** Pool
(Unit)
Lea County. Date Spudded **3-19-53**, Date Completed **5-4-53**

Please indicate location:

Elevation **3109** Total Depth **6525**, P.B.

Top oil/gas pay..... Prod. Form **Drinkard**

Casing Perforations: **6415 to 6480**..... or

Depth to Casing shoe of Prod. String.....

Natural Prod. Test..... **15** BOPD

based on **15** bbls. Oil in **9** Hrs..... Mins.

Test after acid or shot..... **68** BOPD

Based on **68** bbls. Oil in **24** Hrs..... Mins.

Gas Well Potential.....

Size choke in inches.....

Date first oil run to tanks or gas to Transmission system:.....

Transporter taking Oil or Gas: **Texas-New Mexico Pipe Line Company**

Casing and Cementing Record

Size Feet Sax

13 3/8	340	320
8 5/8	3099	1000
5 1/2	6524	650
2	6435	

Remarks:.....

I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved **5 - 7**, 19 **53** **Sinclair Oil & Gas Company**
(Company or Operator)

OIL CONSERVATION COMMISSION

By: **Raymond K. [Signature]**
Title.....

By: **[Signature]**
(Signature)

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

Name.....

Address.....