

**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 10-15-59  
(Place) (Date)

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

ALBERT GACKLE, OPERATOR Esmond, Well No. 5, in NW  $\frac{1}{4}$  NE  $\frac{1}{4}$ ,  
(Company or Operator) (Lease)  
B, Sec. 33, T. 22 S., R. 36E, NMPM., South Eunice Pool  
Unit Letter

Lea

Please indicate location:

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

County. Lea Date Spudded 9-8-59 Date Drilling Completed 9-17-59  
Elevation 3498 Total Depth 3920 PBD 3900  
Top Oil/Gas Pay 3630' Name of Prod. Form. Queen - Seven Rivers

PRODUCING INTERVAL -

Perforations 3630-38'; 3696-3706'; 3742-56'; 3790-98'

Open Hole \_\_\_\_\_ Depth \_\_\_\_\_ Casing Shoe 3920 Depth \_\_\_\_\_ Tubing 3800

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): 85 bbls. oil, 19 bbls water in 24 hrs, \_\_\_\_\_ min. Size 28/64 Choke

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8 5/8</u>	<u>316</u>	<u>225</u>
<u>4 1/2</u>	<u>3920</u>	<u>1800</u>
<u>2</u>	<u>3800</u>	

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

Test After Acid or Fracture Treatment: \_\_\_\_\_ MCF/Day; Hours flowed \_\_\_\_\_

Choke Size \_\_\_\_\_ Method of Testings: \_\_\_\_\_

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 4000 gal. acid. 20,000 gal. oil. 20,000 #'s Sand

Casing \_\_\_\_\_ Tubing \_\_\_\_\_ Date first new \_\_\_\_\_  
Press. 800 Press. 150 oil run to tanks 10-14-59

Oil Transporter Shell Pipe Line Corp.

Gas Transporter Phillips Petroleum Co.

Remarks: \_\_\_\_\_

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved \_\_\_\_\_, 1959

OIL CONSERVATION COMMISSION

By: \_\_\_\_\_

Title \_\_\_\_\_ District 1

ALBERT GACKLE, OPERATOR

(Company or Operator)

By: Paul S. Johnston

(Signature)

Title Superintendent of Production

Send Communications regarding well to:

Name Albert Gackle, Operator

Address P. O. Box 2076, Hobbs, N. M.