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Santa Fe, New Mexic

(Form C-10) Pavised 7/5/57

REQUEST FOR (OIL) - (GAS) ALLOWAPLE

New Well (19) Recomplet.

This form English 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 form is fitted during calendar month of completion or recompletio. 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.

	uic macu			Bebs, New Mexico August 16, 196 (Place) (Date)
VE AOE	UFDFRV	Z REOL'EST	ING AN ALLOWA	BLE FOR A WELL KNOWN AS:
		=		-Federal , Well No. 1 , in NE
(C	company of	Operator)	•	(Lease)
A Delt 1		Sec30.	, T 20 S. , R	34 E., NMPM., Wildcat Po
•			County. Date Sp	pudded6-16-61 Date Drilling Completed6-26-61
		ite location:	Elevation	3680 (BTotal Depth 3526 PBTD 3514
			Top Oil/Gas Pay_	Name of Frod. Form. Yates & Sun
D	C	B A	PRODUCING INTERVA	
		×	Perforations 3	326 - 50: 3354 - 60: 3372 - 80: 3466 - 71: 3476 - 8
E	F	G H	Open Hole	Depth Depth Casing Shoe 3526 Tubing 3441
			OIL WELL TEST -	
L	K	J .:		Choke st:bbls.oil,tbls water inhrs,min. Size
			i	or Fracture Treatment (after recovery of volume of oil equal to volume o
M	N	0 P	4	Choke 32 bbls.oil, 15 bbls water in 24 hrs, min. Size
	-		1	bbls, oil, the bbls water in the bls, min. Size
			GAS WELL TEST -	
				st:MCF/Day; Hours flowedChoke Size
•		Cementing Rec		g (pitot, back pressure, etc.):
Size	Fee	t SAX	Test After Acid o	or Fracture Treatment: MCF/Day; Hours flowed
9 5/8	151	7 720	Choke Size	Method of Testing:
			Acid or Fracture	Treatment (Give amounts of materials used, such as acid, water, oil, and
7	313			1s Acid, 29,000 gals, oil, 40,500s sand
4 1/2	307 2 352		Casing	Tubing Date first new Press. oil run to tanks Amount 13
	\dashv $-$			Mollead Oil Corp. for Free Oil
2	344	1	1	• •
ļ	7=	intel COD	Gas Transporter_	
(emarks:		13401 9 00		

				in the and complete to the best of my knowledge.
				ve is true and complete to the best of my knowledge.
Approv e d	•••••		,	Gackle Drilling Company, Inc. (Company or Operator)
	OIT CON	ISERVATIO	N COMMISSION	By: Rt Montgomen
•		IODIK I A KIO	F 17 -	(Signature)
By:	<u> </u>	<u></u>		Title
n	_	$\int_{\Gamma} \int_{\Gamma} \int_{\Gamma$		Send Communications regarding well to:
itle	·····/	<i>.j.</i>		NameGackle Drilling Company, Inc.
-	1 *			