

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 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.

m Hobbs, New Mexico 11-4-57
(Place) (Date)

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

Albert Gackle, Operator H. E. Esmond Well No. 3, in SE NE
(Company or Operator) (Lease) 1/4 1/4
H Sec. 33, T. 22S, R. 36E, NMPM., Jalmat Pool
Unit Letter

Please indicate location:

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

County. Date Spudded. Date Drilling Completed 11-1-57

Elevation Total Depth PBTD

Top Oil/Gas Pay Name of Prod. Form Seven Rivers

PRODUCING INTERVAL -

Perforations 3518'-3528'; 3592'-3608'; 3614'-3622'

Open Hole Depth Casing Shoe 3853' Depth Tubing 3635'

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): 68 bbls. oil, 5 bbls water in 24 hrs, 0 min. Size 30/64 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: MCF/Day; Hours flowed

Choke Size Method of Testing:

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

Casing Tubing Date first new
Press. Press. oil run to tanks 11-1-57

Oil Transporter Shell Pipe Line Corporation

Gas Transporter

Remarks: This is a dual completion i.e., South Eunice and on this report the Jalmat completion is reported

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

Approved: 19 Albert Gackle, Operator
(Company of Operator)

OIL CONSERVATION COMMISSION

By: Paul S. Johnston
(Signature)

Title: Superintendent of Production
Send Communications regarding well to:

Name Paul S. Johnston

Address Box 2076, Hobbs, New Mexico

By: [Signature]

Title