

NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103
(Rev 3-55)

MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106)

Name of Company ALBERT GACKLE, OPERATOR		Address P. O. BOX 2076, HOBBS, NEW MEXICO				
Lease Sinclair State	Well No. 9	Unit Letter E	Section 3	Township 23 S.	Range 36 E.	
Date Work Performed 9-21-59	Pool Langlie Mattix			County Lea		

THIS IS A REPORT OF: (Check appropriate block)

- | | | |
|--|--|---|
| <input type="checkbox"/> Beginning Drilling Operations | <input checked="" type="checkbox"/> Casing Test and Cement Job | <input type="checkbox"/> Other (Explain): |
| <input type="checkbox"/> Plugging | <input type="checkbox"/> Remedial Work | |

Detailed account of work done, nature and quantity of materials used, and results obtained.

9-21-59 Ran 315' 8-5/8" 24# J-55 New Casing
Set @ 315' cemented w/225 sks. circ. 25 sks.

9-22-59 Test pipe w/1000 psi. 30 min. Held ok.

Witnessed by A. G. Fraley	Position Tool Pusher	Company Albert Gackle, Operator
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FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL WELL DATA


D F Elev.	T D	P B T D	Producing Interval	Completion Date
Tubing Diameter	Tubing Depth	Oil String Diameter	Oil String Depth	
Perforated Interval(s)				
Open Hole Interval		Producing Formation(s)		

RESULTS OF WORKOVER

Test	Date of Test	Oil Production BPD	Gas Production MCFPD	Water Production BPD	GOR Cubic feet/Bbl	Gas Well Potential MCFPD
Before Workover						
After Workover						

OIL CONSERVATION COMMISSION

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

Approved by 	Name Paul P. Johnston
Title Superintendent of Production	Position Superintendent of Production
Date	Company ALBERT GACKLE, OPERATOR