NEW XICO OIL CONSERVATION COMM ION Santa Fe, New Mexico

(Form C-104) Revised 7/1/57

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.

T AOF	(IPD PDs/	D F O L I D O C		Hobbs-, Ne		3 - 26	5 ~58 (Date)
E AKE I	HEKEBY :	REQUEST:	ING AN ALLOWABLE F	OR A WELL KNOWN	N AS:		
(Co	ompany or C	perator)	ator Sinclai	r StateWell No7	, in.	NE	NE /4,
. <u>.</u>	Se	.c3	, T23S, R36E	NMPM Lan	olie-Natt	lv	D 1
			County. Date Spudded.	3-1-58 Da	te Drilling O	completed 3]	1.7-58
Plea	se indicate	location:	2406 C.	Total Depth	3963	PBTD	
D C	C B	A		Name of Pro	d. Form. Set	ven Rivers.	Ouenn
		X	PRODUCING INTERVAL -				
E	F G	H	Perforations 3690	3720': 3730'-3760	•		
	. .		Open Hole	Donah		Depth Tubing	3923
			OIL WELL TEST -	······································			0/20
L	K J	I		hhla atl			Choke
		-	Natural Prod. Test:				
M	N O	P	Test After Acid or Fractu				
			load oil used): 480	bbls, oil,bbls	water in 24	hrs, <u>O</u> _mi	n. Size
			GAS WELL TEST -			•	
			Natural Prod. Test:	MCF/Day; Hor	urs flowed	Choke Siz	e
		enting Recor	Method of Testing (pitot,				
Size	Feet	Sax	Test After Acid or Fractu				wed
8 5/8 330 250		050	Choke SizeMetho	od of Testing:	•		
<u>0 7/0</u>	330	250					
5 1/2	3963	1099	Acid or Fracture Treatmen				
			sand): 1500 Gal MC	A. 30,000#'s Sd.,	30,000 ga	l's Lease	Crude
			Casing Tubing Press. Press.	oil run to tanks_	3_25	_50	
			Oil Transporter She				
		<u> </u>	Gas Transporter Ph				
narks:	This.	Cnit cont	ains 42.68 acres		••••••		
••••••	***************************************	*******	2/ 11	·	••••••	·····	
	***************************************	••••	***************************************		***************		
I hereb	y certify th	nat the info	rmation given above is true	e and complete to the be	st of my knov	vledge.	
roved			, 19	Albert Gackle			
			•	Origina		crator)	
OII	CONSE	RVATION	COMMISSION	By: PAUL S	. JOHNSTON		
.5	4/ /	4	· //	•	(Signature		
		-10	cki	TitleSuperinter Send Comm	dent-of-P	reduction-	
	y			Send Comn	nunications re	garding well t	0:
	***************	***************************************		NamePaulSJo	hnston		
				AddressBox2076		low. Mavi eo	