

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 July 3, 1957
(Place) (Date)

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

Albert Gackle, Operator Sinclair State, Well No. 5, in NW 1/4 NE 1/4,
(Company or Operator) (Lease)

B, Sec. 3, T. 23S, R. 36E, NMPM., Langlie-Mattix Pool
Unit Letter

Lea

County. Date Spudded 6-11-57 Date Drilling Completed 6-29-57
Elevation 3509' Total Depth 3776' PBD

Please indicate location:

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

Top Oil/Gas Pay 3710' Name of Prod. Form. Seven Rivers-Queen

PRODUCING INTERVAL -

Perforations 3672-84' ; 3710-20' ; 3726-66'

Open Hole Depth 3776' Casing Shoe Depth 3768' Tubing

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 162 bbls. oil, 0 bbls water in 6 hrs, _____ min. Choke Size 32/64"

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Size
8 5/8	314	250
5 1/2	3766	2060

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):

See Remarks

Casing Tubing Date first new Press. 640 Press. 320 oil run to tanks 7-2-57

Oil Transporter Shell Pipe Line Corporation

Gas Transporter

Remarks: Treat (3710-20'; 3726-66') 1,000 gallons acid, 15,000 gallons, 15,000 lbs sand; (3672-84') 250 gallons acid, 5000 gallons, 7500 lbs sand.

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

Approved _____, 19____

Albert Gackle, Operator

(Company or Operator)

OIL CONSERVATION COMMISSION

By:

Paul S. Johnston

(Signature)

By: _____

Title Superintendent of Production

Send Communications regarding well to:

Title _____

Name Albert Gackle, Operator

Address Box 2076 Hobbs, New Mexico