

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

May 23, 1960

(Place)

(Date)

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

Albert Gackie, Operator

Mobil-King

Well No. **1**

in **SW**

SE

1/4

(Company or Operator)

(Lease)

0

Sec. **12**

T. **23 S.**

R. **36 E.**

NMPM.

Langlie-Mattix

Pool

Unit Letter

Lea

County. Date Spudded **4-28-60**

Date Drilling Completed **5-9-60**

Please indicate location:

Elevation **3388 D. F.**

Total Depth **3724**

PBTD

3714

Top Oil/Gas Pay **3408**

Name of Prod. Form. **Lower 7 Rivers & Queen**

PRODUCING INTERVAL -

Perforations **3408 - 16; 3622 - 26; 3641 - 49; 52 - 61; 67 - 78**

Open Hole

Depth

Casing Shoe **3724**

Depth

Tubing **3590**

OIL WELL TEST -

Natural Prod. Test: **None** bbls. oil, _____ bbls water in _____ hrs, _____ min. Size **19/64**

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **171** bbls. oil, **No** bbls water in **24** hrs, _____ min. Size **19/64**

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): **3 stages. Spearhead Acid & SdFrac**

Casing _____ Tubing _____ Date first new

Press. **650** Press. **650** oil run to tanks **May 19, 1960**

Oil Transporter **Permian Oil Co.**

Gas Transporter **Ammiting connection.**

Tubing, Casing and Cementing Record

Size

Feet

Sax

8 5/8	310	250
4 1/2	3724	1495
2	3590	

Remarks: **Total 750 gals acid, 15,000 gals. rfd. oil with 28 ad/gal**

GGN 1094 : 1

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

Approved _____, 19_____

Albert Gackie, Operator

(Company or Operator)

OIL CONSERVATION COMMISSION

By: **R. F. Montgomery**

(Signature)

By: _____

Title **Agent**

Send Communications regarding well to:

Title _____

Name **Albert Gackie, Operator**

Address **Box 2076, Hobbs, New Mexico**