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NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/62

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

This form must 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° F. Hobbs, New Mexico February 10, 1962

(Place) _____ (Date) _____
WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: **SE SE**
Albert Gaskie, Operator **L. F. Montgomery**, Well No. _____ in _____ 1/4 _____ 1/4,
P (Company or Operator) **23 S 36-4-62** **Langlie Mattix**
_____, Sec. _____, T. _____, R. _____, NMPM, _____ Pool
Unit Letter **Lea** **1-3-62** Date **3053** ing Completed **3020**

Please indicate location:

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

County **DEUEL** Elevation **3894** Total Depth **Seven Rivers - Queen**

Top Oil/Gas Pay _____ Name of Prod. Form. _____

PRODUCING INTERVAL **3894-99, 3612-22, 3625-36, 3640-62**

Perforations **3852** **3612**
Open Hole _____ Depth _____ Depth _____
Casing Shoe _____ Tubing _____

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): **225** bbls. oil, **0** bbls. water in **24** hrs, _____ min. Size **20/64** Choke

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

| Size | Feet | Sax |
|--------------|-------------|-------------|
| 8 5/8 | 334 | 200 |
| 4 1/2 | 3853 | 1100 |
| 2 | 3612 | |

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 (if any) and materials used, such as acid, water, oil, and sand): **20,000 gals. oil & 30,000 lbs. sand**

Casing _____ Tubing **F 440** Date first new **February 9, 1962**
Press. _____ **Terms New Mexico Pipeline**

Oil Transporter **awaiting connection**

Gas Transporter _____

Remarks: _____

I hereby certify that the information given above is true and complete to **Albert Gaskie, Operator**

Approved: _____, 19 _____

OIL CONSERVATION COMMISSION

By: _____

Title _____

Original Signed By (Operator)
R. F. MONTGOMERY **K. F. Montgomery**
Geologist (Signature)

Send Communications regarding well to:

P. O. Box 2076, Hobbs, New Mexico

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| TRANSPORTER | OIL |
| | GAS |
| REGISTRATION OFFICE | |
| OPERATOR | |

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-10)
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° **Hobbs, New Mexico February 10, 1962**

(Place) (Date)
WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: **SE SE**
Albert Gackie, Operator **L. V. King**
Well No. **23 S 36-4** in **Langlie Mattix**
(Company or Operator) **22** **1-3-62**
Sec. **23 S** T. **36-4** R. **Langlie Mattix**
Unit Letter **Lea** NMPM. **1-14-62** Pool

Please indicate location:

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

County. **2375-6** Date **3053** ing Completed **3020**
Elevation **3594** Total Depth **Seven Rivers - Queen**

Top Oil/Gas Pay Name of Prod. Form.

PRODUCING INTERVAL **3594-99, 3612-22, 3625-36, 3640-62**
Perforations **3552** **3612**
Open Hole Depth **3552** Casing Shoe **3612** Depth **3612** Tubing

OIL WELL TEST -
Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **225** bbls. oil, **0** bbls water in **24** hrs, _____ min. Size **20/64**

GAS WELL TEST -
Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

| Size | Feet | Sax |
|--------------|-------------|-------------|
| 8 5/8 | 334 | 200 |
| 4 1/2 | 3853 | 1100 |
| 2 | 3612 | |

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 (volume of materials used, such as acid, water, oil, and sand): **20,000 gals oil & 30,000 lb**
Casing **1080** Tubing **F 440** Date first new **February 9, 1962**
Press. **Terms New Mexico Pipeline**
Oil Transporter **Awaiting connection**
Gas Transporter

Remarks:

I hereby certify that the information given above is true and complete to **Albert Gackie, Operator**
Approved: _____, 19____

OIL CONSERVATION COMMISSION

By: _____ Title: _____
Original (Signed by Operator) **R. F. MONTGOMERY** **Geologist**
Send Communications regarding well to:
Albert Gackie, Operator
P. O. Box 2076, Hobbs, New Mexico