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	GAS
PRODUCTION OFFICE	
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NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

(Form C-104)
Revised 7/1/67

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.

Hebbs, New Mexico

10-24-60

(Place)

(Date)

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

Albert Gackle, Operator Sinclair State "A", Well No. 3, in NW $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)

L, Sec. 23, T. 23 S., R. 36 E., NMPM., Langlie Mattix Pool
Unit Letter

Lea

County. Date Spudded 9-30-60 Date Drilling Completed 10-10-60

Please indicate location:

Elevation 3381 DF Total Depth 3791 FBTD 3757

Top Oil/Gas Pay 3536 Name of Prod. Form. Lower Seven Rivers

PRODUCING INTERVAL - Upper Queen

Perforations 3536-44'; 3574-84'; 3602-10'; 13-24'; 48-58'; 60-64'; 68-72'

Open Hole _____ Depth _____ Casing Shoe 3790 Depth _____ Tubing 3500

OIL WELL TEST -

Natural Prod. Test: 354 bbls. oil, 0 bbls water in 24 hrs, _____ min. Choke Size 20/64

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

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8	259	200
4 1/2	3778	1100
2	3550	

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): Sdfrac 20,000 gals oil, 30,000* sd, 750 gals Acid, 500*Adomite

Casing _____ Tubing _____ Date first new _____
Press. 500 Press. 300 oil run to tanks October 20, 1960

Oil Transporter Texas - New Mexico Pipe Line

Gas Transporter Flared

Remarks: _____

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

Approved: Oct 27 1960 19____

(Company or Operator)

OIL CONSERVATION COMMISSION

By: R. F. Montgomery (Signature)

Title Agent

Send Communications regarding well to:

Name Albert Gackle, Operator

2027, Hebbs, New Mexico