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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
ALBERT GACKLE OPERATOR
Address
P. O. BOX 2033, HOBBS, NEW MEXICO 88240
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☒ Condensate ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name SINCLAIR A STATE	Well No. 5	Pool Name, including Formation LANGLIE-MATTIX 7 RIVERS QUEEN	Kind of Lease State, Federal or Fee STATE	Lease No. B-1506
Location Unit Letter I ; 1980 Feet From The South Line and 660 Feet From The EAST Line of Section 23 Township 23S Range 36E , NMFM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> TEXAS-NEW MEXICO PIPELINE	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 2528, HOBBS, N.M. 88240	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> PETRO-LEWIS CORPORATION c/o PARTNERSHIP PROP. BOX 61489, HOUSTON, TX. 77208	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? When	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 1-16-62	Date Compl. Ready to Prod. 2-1-62	Total Depth 3752	P.B.T.D. 3530					
Elevations (DF, RKB, RT, GR, etc.) 3369 DF	Name of Producing Formation 7 RIVERS QUEEN	Top Oil/Gas Pay 3520	Tubing Depth 3535					
Perforations 3520, 23, 07, 3498, 96, 80, 68, 62, 56, 46, 20, 3384, 81			Depth Casing Shoe 3751					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11	8 5/8		290		200			
7 7/8	4 1/2		3755		1290			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

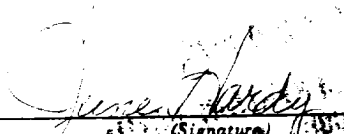
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


Agent
(Title)
May 24, 1979
(Date)

OIL CONSERVATION COMMISSION
APPROVED **MAY 25 1979**, 19_____
BY **Orig. Signed by**
Jerry Sexton
TITLE **Dist 1, Supv.**

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

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MAY 24 1979
OIL CONSERVATION COMM.
HOBBS, N. M.