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NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

(Form C-104)
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° Fahrenheit.

Hobbs, New Mexico
(Place)

2-27-63
(Date)

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

Albert Gaskle, Operator Sinclair State (A), Well No. 8, in SW 1/4 SW 1/4, N 23, Sec. 23, T. 23 S., R. 36 E., NMPM., Langlie Mattix Pool

Lea

County. Date Spudded 1-21-63 Date Drilling Completed 1-30-63

Please indicate location:

Elevation 3378 DF Total Depth 3711 PBD 3695

Top Oil/Gas Pay 3535 Name of Prod. Form. Queen

PRODUCING INTERVAL - One hole each 3535, 53, 58, 69, 80, 89, 92, 96

Perforations 3604, 12, 16, 32, 38, 43, 47, 54, 58, 61, 70 & 73

Open Hole Depth Casing Shoe 3710 Depth Tubing 3670

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): 250 bbls. oil, 5 bbls water in 24 hrs, min. Choke Size 20/64

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): Sand frac 2 stages each 20,000 gals oil, 30,000 sand

Casing Press. 700 Tubing Press. 200 Date first new oil run to tanks Feb. 17, 1963

Oil Transporter Texas New Mexico Pipeline Co.

Gas Transporter United Carbon Co.

Remarks:

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

Approved: 19

Albert Gaskle, Operator

(Company or Operator)

By: R. A. Montgomery (Signature)

Title: Geologist

Send Communications regarding well to:

Name: Albert Gaskle, Operator

P.O. Box 20774 Hobbs, N.M.

OIL CONSERVATION COMMISSION

By:

Title:

DEVIATION SURVEY

234°	1/4°
487	3/4°
733	3/4°
991	1/4°
1266	1/2°
1545	3/4°
1980	1/2°
2226	3/4°
2500	1 1/4°
2659	2 1/2°
2813	3°
3057	2 1/2°
3250	2°
3350	1 3/4°

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

R. F. Montgomery
R. F. Montgomery

State of New Mexico
County of Lea

On this the 27 Day of Feb. 1963, before me personally appeared R. F. Montgomery, to me known to be the person who executed the same as his free act and deed.

The Witness Hereof I have hereto set my hand and affixed my official seal the day and year in this certificate first above written.

David C. Summers
Notary Public in and for Lea County,
New Mexico

My Commission Expires:

2/12/67

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NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO
**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

FORM C-110
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator Albert Gackle, Operator				Lease 7 11 3 27 Sinclair State 2X		Well No. 8	
Unit Letter M	Section 23	Township 23-S	Range 36E	County Lea			
Pool Langlie Mattix				Kind of Lease (State, Fed, Fee) State			
If well produces oil or condensate give location of tanks			Unit Letter J	Section 23	Township 23 S	Range 36 E	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Texas New Mexico Pipe Line Co.				Address (give address to which approved copy of this form is to be sent) Midland, Texas			
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/> United Carbon Co.			Date Connected 2-17-63	Address (give address to which approved copy of this form is to be sent) Eunice, New Mexico			

If gas is not being sold, give reasons and also explain its present disposition:

REASON(S) FOR FILING (please check proper box)

New Well ☒ Change in Ownership ☐
 Change in Transporter (check one) Other (explain below) _____
 Oil ☐ Dry Gas ☐
 Casing head gas . ☐ Condensate . . ☐

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the **27** day of **February**, 19 **63**.

OIL CONSERVATION COMMISSION

Approved by

Title

Date

By

Title

Company

Address

R. F. Montgomery

Geologist

Albert Gackle, Operator

P. O. Box 2076, Hobbs, N.M.

NUMBER OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS PRODUCTION OFFICE OPERATOR	NEW MEXICO OIL CONSERVATION COMMISSION MISCELLANEOUS REPORTS ON WELLS (Submit to appropriate District Office as per Commission Rule 1106)	FORM C-103 (Rev 3-55)
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Name of Company Albert Gackle, Operator		Address FEB 27 PM 3 23 P.O. Box 2076, Hobbs, N.M.				
Lease Sinclair State "A"	Well No. 8	Unit Letter N	Section 23	Township 23 S	Range 36 E	
Date Work Performed 1-31-63	Pool Langlie Mattix			County Lea		

THIS IS A REPORT OF: (Check appropriate block)

<input type="checkbox"/> Beginning Drilling Operations	<input checked="" type="checkbox"/> Casing Test and Cement Job	<input type="checkbox"/> Other (Explain):
<input type="checkbox"/> Plugging	<input type="checkbox"/> Remedial Work	

Detailed account of work done, nature and quantity of materials used, and results obtained.

1-31-63 Ran 4 1/2, J-55, 9.5" CF&I casing, 119 jts, set at 3711' using HOKCO Float collar and Guide shoe with 16 scratchers and 12 centralizers. Cemented with 1926 sacks 50:50 Pozmix with 6% Gel & 75 sacks Regular Neat with 70 gallons latex, cement circulated, WOC 72 hours, Pressure up 1000# No drop in pressure, cement job o.k.

Witnessed by Arnold Fraley	Position Toolpusher	Company Gackle Drilling Co., Inc.
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FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL WELL DATA

D F Elev.	T D	P B T D	Producing Interval	Completion Date
Tubing Diameter	Tubing Depth	Oil String Diameter	Oil String Depth	
Perforated Interval(s)				
Open Hole Interval		Producing Formation(s)		

RESULTS OF WORKOVER

Test	Date of Test	Oil Production BPD	Gas Production MCFPD	Water Production BPD	GOR Cubic feet/Bbl	Gas Well Potential MCFPD
Before Workover						
After Workover						

OIL CONSERVATION COMMISSION		I hereby certify that the information given above is true and complete to the best of my knowledge.	
Approved by 		Name R. F. Montgomery	
Title Geologist		Position Geologist	
Date 1-31-63		Company Albert Gackle, Operator	

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OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103
(Rev 3-55)

MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106)

Name of Company ALBERT GACKLE, OPERATOR		Address P.O. Box 2076, Hobbs, N.M.	
Lease Simclair State "A"	Well No. 8	Unit Letter M	Section 23
		Township 23 S	Range 36 E
Date Work Performed 1-21-63	Pool Langlie Mattix	County Lea	

THIS IS A REPORT OF: (Check appropriate block)

- ☐ Beginning Drilling Operations
 ☒ Casing Test and Cement Job
 ☐ Other (Explain):
- ☐ Plugging
 ☐ Remedial Work

Detailed account of work done, nature and quantity of materials used, and results obtained.

On 1-21-63 Ran 260' 8 5/8, 8 R, 24" Csg with HMC Guide Shoe & 2 Larkin Centralizers. Set @ 272 feet and cemented with 150 sacks 50:50 Pozmix with 2% CaCl₂. Cement circulated. WOC 24 hours and test 600# No drop in pressure. Cement job o.k.


Witnessed by Arnold Fraley	Position Toolpusher	Company Gackle Drilling Co., Inc.
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FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL WELL DATA				
D F Elev.	T D	P BTD	Producing Interval	Completion Date
Tubing Diameter	Tubing Depth	Oil String Diameter	Oil String Depth	
Perforated Interval(s)				
Open Hole Interval		Producing Formation(s)		

RESULTS OF WORKOVER

Test	Date of Test	Oil Production BPD	Gas Production MCFPD	Water Production BPD	GOR Cubic feet/Bbl	Gas Well Potential MCFPD
Before Workover						
After Workover						

OIL CONSERVATION COMMISSION		I hereby certify that the information given above is true and complete to the best of my knowledge.	
Approved by 	Name R. J. Montgomery		
Title	Position Geologist		
Date	Company Albert Gackle, Operator		