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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 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.

Santa Fe Springs, Calif. September 4, 1964
(Place) (Date)

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

Socony Mobil Oil Company, Inc. Jicarilla-Otero, Well No. **11-28**, in **NW** $\frac{1}{4}$ **NW** $\frac{1}{4}$.
(Company or Operator) (Lease)
D, Sec. **28**, T. **24N**, R. **5W**, NMPM, **Basin Dakota** Pool

Unit Letter

Rio Arriba

Please indicate location:

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

890' S of N, 890' E of W.

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
11-3/4"	314	215
8-5/8"	4,865	237
5-1/2"	6,844	260
2-3/8"	6,717	

County. Date Spudded **6/16/64** Date Drilling Completed **7/1/64**
Elevation **KB 6881** Total Depth **6845** FBTD **6844**

Top Oil/Gas Pay **6718** Name of Prod. Form. **Basin Dakota**

PRODUCING INTERVAL - **6718-(2 Holes), 6720(4), 6721(4), 6723(4), 6726(2), 6734(2), 6735(2).**

Perforations _____
Open Hole _____ Depth _____ Casing Shoe **6844** Depth _____ Tubing **6717**

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 Choke load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

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: **1,121** MCF/Day; Hours flowed **3**

Choke Size **0.750** Method of Testing: **Multi-Point Back Press. (choke)**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **37,780 Gal. Water - 30,000# 20/40 Sand - 500 Gal. Water 15% Acid**

Casing Press. **1785** Tubing Press. **1795** Date first new oil run to tanks _____

Oil Transporter **La Mar Trucking, Inc.**

Gas Transporter **El Paso Natural Gas Company**

Remarks: _____

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

Approved **SEP 11 1964**, 19_____

Socony Mobil Oil Company, Inc.

(Company or Operator)

By: **F.M. Burback** *Joson M. Burback*
(Signature)

Title **District Engineer**

Send Communications regarding well to:

Name **F.M. Burback**
10737 South Shoemaker Ave.
Santa Fe Springs, Calif.

OIL CONSERVATION COMMISSION

Original Signed By

By: **A. R. KENDRICK**

Title **PETROLEUM ENGINEER DIST. NO. 3**

DIST: **EMDCC(4), FMB File(1) Fm.(1)**

