

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

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

Operator Socony Mobil Oil Company, Inc.		
Address 10737 South Shoemaker Ave., Santa Fe Springs, California		
Reason(s) for filing (Check proper box)		Other (Please explain) Change of Operator.
New Well <input type="checkbox"/>	Change in Transporter of:	effective 6/1/65. Previous Operator was:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	J. Glenn Turner, Box 728, Farmington,
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	New Mexico
	Dry Gas <input type="checkbox"/>	
	Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, including Formation	Kind of Lease
Lease Name Nye		1	Basin Dakota	State, Federal or Fee Federal
Location				
Unit Letter E	1810	Feet From The North	Line and 900	Feet From The West
Line of Section 9	Township 29N	Range 10W	NMPM, San Juan	County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/>	or Condensate <input checked="" type="checkbox"/>				761 S. Miller Ave., Farmington, New Mexico	
Trans Western Tankers, Inc.					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/>	or Dry Gas <input checked="" type="checkbox"/>				Box 990, Farmington, New Mexico	
El Paso Natural Gas Co.					Is gas actually connected? When	
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 9	Twp. 29N	Rge. 10W	Yes	11-26-62

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

V. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
Pool	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth			
Perforations						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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

H. H. Carrick, Jr.
District Producing Superintendent
(Signature)
(Title)

May 25, 1965
(Date)

OIL CONSERVATION COMMISSION
MAY 25 1965
APPROVED
Original Signed By
BY A. R. KENDRICK
TITLE PETROLEUM ENGINEER DIST. NO. 3

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 Sections I, II, III, and VI only 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.