

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - ~~(GAS)~~ ALLOWABLE

New Well
~~Refrill~~

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.

Hobbs, New Mexico
(Place)

October 29, 1959
(Date)

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

SOCONY MOBIL OIL COMPANY, INC. Ute Mountain, Well No. 8, in NE $\frac{1}{4}$ SE $\frac{1}{4}$,
(Company or Operator) (Lease)

I, Sec. 21, T. 31-N, R. 14-W, NMPM, Verde Gallup Pool
Unit Letter

San Juan

County. Date Spudded 10-3-59 Date Drilling Completed 10-20-59

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I 660'
M	N	O	P 1086'

Elevation 5599 Total Depth 2904 PBTD -

Top Oil/Gas Pay 2555 Name of Prod. Form. Lower Gallup

PRODUCING INTERVAL -

Perforations -

Open Hole 2765-2904 Depth Casing Shoe 2765 Depth Tubing 2880

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 load oil used): 101 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size 2" Choke

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8"	108	100
5 1/2"	2755	235
4 1/2"	161	Liner None
2" EUE	2870	Tubing

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): Fracture w/30,000 gals. & 0# sand

Casing 800 Tubing - Date first new oil run to tanks 10-28-59
Press. 800 Press. -

Oil Transporter Socony Mobil Oil Company, Inc. Trucks

Gas Transporter _____

Remarks: 1 1/2" x 2" x 10' Pump 12-40" SPM
GOR - 193/1

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

Approved NOV 2 1959 October 29, 19 59 SOCONY MOBIL OIL COMPANY, INC. DIST. 3
(Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

By: C. T. Evans (Signature)

Title District Petroleum Engineer
Send Communications regarding well to:

Name SOCONY MOBIL OIL COMPANY, INC.

Address P. O. Box 2406 - Hobbs, New Mexico

WILDLIFE CONSERVATION COMMISSION

Form No. 108 (Rev. 1-1-59)

File No. 4

State of New York

County of Albany

Town of Rotterdam

Section 1

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