

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.

Hebbs, New Mexico **January 21, 1963**
(Place) (Date)

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

Soco Mobil Oil Company, Inc. **State Bridges**, Well No. **32**, in **NE** $\frac{1}{4}$ **NW** $\frac{1}{4}$,
(Company or Operator) (Lease)

C Sec. **25**, T. **17 S**, R. **34 E**, NMPM., **Undesignated** Pool
Unit Letter

Lea County. Date Spudded **12/12/62** Date Drilling Completed **1/8/63**
Elevation **4013** Total Depth **6800** PBDT **6758**

Please indicate location:

6			
D 1980	C6 .0	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Top Oil/Gas Pay **6663** Name of Prod. Form. **Paddock**

PRODUCING INTERVAL -

Perforations **6663-6712**
Open Hole **-** Depth **6800** Depth **6712**
Casing Shoe Tubing

OIL WELL TEST -

Flow **98** bbls.oil, **0** bbls water in **24** hrs, **0** min. Choke **17/64**

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): _____ bbls.oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	S&X
10 3/4"	815	250
7"	4210	210
4 1/2"	6800	400
Liner (Top liner @ 4045')		
2 3/8"	6712	

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): **None**

Casing Tubing Date first new **1/16/63**
Press. **Plc.** Press. **175** oil run to tanks

Oil Transporter **Magnolia Pipe Line Company**

Gas Transporter **Phillips Petroleum Company**

Remarks: **GCR 888, Qty. 37.3 @ 60°**

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

Approved: _____, 19____

Soco Mobil Oil Company, Inc.

(Company or Operator)

OIL CONSERVATION COMMISSION

By: *J. J. McDaniel*
(Signature)

Title **Group Supervisor**

By: _____

Title _____

Send Communications regarding well to:

Soco Mobil Oil Company, Inc.

Name _____

Box 2406, Hebbs, New Mexico

Address _____