

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

Dual 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.

Hobbs, New Mexico
(Place)

October, 1960
(Date)

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

Socony Mobil Oil Company, Inc. E. O. Carson, Well No. 22 UC, in NW $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)

L Sec. 28, T. 21S, R. 37E, NMPM, Paddock Pool
Unit Letter

Lea County. Date Spudded 9-2-60 Date Drilling Completed 9-26-60

Please indicate location:

Elevation 3460 G. L. Total Depth 7440' PBD 5479'

Top Oil/Gas Pay 5175' Name of Prod. Form. Glorietta

PRODUCING INTERVAL -

Perforations 5175'-5180'

Open Hole - Depth 7432' Depth -
Casing Shoe Tubing

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): 30 bbls. oil, 44 bbls water in 24 hrs, _____ min. Size _____ Choke

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
13 3/8"	352	350
8 5/8"	2902	1100
2 1/2"	7433	968
2 1/2"	7432	

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): 500 gals 15% Non-Emulsion Acid

Casing 1500' Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks 10-28-60

Oil Transporter Magnolia Pipe Line Company

Gas Transporter Skelly Oil Company

Remarks: GOR 233/1. Gty. 30.6° @ 60°.

Well slim Hole Dual Completion Per Order No. R-1716.

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

Approved _____, 19____

Socony Mobil Oil Company, Inc.
(Company or Operator)

By: C. J. Samples
(Signature)

Title: District Producing Superintendent
Send Communications regarding well to:

Name Socony Mobil Oil Company, Inc.

Address Box 2406, Hobbs, New Mexico

OIL CONSERVATION COMMISSION

By: _____

Title _____