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

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. OPERATOR
 Company: Socony Mobil Oil Company, Inc.
 Address: Box 1000, Hobbs, New Mexico
 Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recombination Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>McCormick Federal "B" Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Sawyer - San Andres</u>	Kind of Lease <u>State, Federal or Fee Federal</u>
Location: Unit Letter <u>M</u> , <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>29</u> , Township <u>9S</u> , Range <u>38E</u> , NMPM, <u>Lea</u> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <u>McWood Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>2003 Wilco Bldg., Midland, Texas</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Capitan Petroleum Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>3707 Rawlins Ave., Dallas, Texas 75219</u>
If well produces oil or liquids, give location of tanks. Unit: <u>M</u> Sec.: <u>29</u> Twp.: <u>9S</u> Rge.: <u>38E</u>	Is gas actually connected? <u>No</u> When _____

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>1-20-65</u>	Date Compl. Ready to Prod. <u>2-15-65</u>	Total Depth <u>5070</u>	P.B.T.D. <u>5033</u>					
Pool <u>Sawyer</u>	Name of Producing Formation <u>San Andres</u>	<u>XXXXX</u> /Gas Pay <u>4923</u>	Tubing Depth <u>4896</u>					
Perforations <u>4923-4979</u>			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4</u>	<u>8 5/8</u>	<u>360</u>	<u>350 Sx. Incor Neat</u>
<u>6 3/4</u>	<u>4 1/2</u>	<u>5070</u>	<u>250 Sx. Incor Neat</u>

V. TEST DATA AND REQUEST FOR ALLOWABLE (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

Actual Prod. Test - MCF/D <u>827</u>	Length of Test <u>24 Hr.</u>	Bbls. Condensate/MMCF <u>22</u>	Gravity of Condensate <u>22.5</u>
Testing Method (pitot, back pr.) <u>GOR - Orifice</u>	Tubing Pressure <u>422</u>	Casing Pressure <u>None</u>	Choke Size <u>48/64"</u>

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.

J. J. McDaniel
(Signature)
Group Supervisor
(Title)
2-18-65
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

TITLE _____

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