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NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

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

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 QUADRUPLICATE 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.

Durango, Colorado

August 22, 1960

(Place)

(Date)

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

Socony Mobil Oil Co., Inc.

(Company or Operator)

(Lease)

Well No. 11, in NE $\frac{1}{4}$ NE $\frac{1}{4}$,

A, Sec. 21, T. 31N, R. 14, NMPM, Verde-Gallup Pool

Unit Letter

San Juan

County. Date Spudded 7/29/60

Date Drilling Completed 8/10/60

Please indicate location:

Elevation 5707' Gr. Total Depth 2760' PBD 2760'

Top Oil/Gas Pay 2705 Name of Prod. Form. Gallup

PRODUCING INTERVAL -

Perforations -

Open Hole 2610'/2760' Depth 2760' Depth 2731'
Casing Shoe 2760' Tubing

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 123 bbls. oil, 0 bbls. water in 24 hrs, 0 min. Size 2"

GAS WELL TEST -

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

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): Frac w/800 bbls. lease crude & no sand

Casing _____ Tubing _____ Date first new _____
Press. _____ oil run to tanks 8/19/60

Oil Transporter Socony Mobil Oil Company, Inc. Trucks

Gas Transporter _____

Remarks: 13 1/2" - 40 SPM; 2" x 1 1/2" x 10' pump.

GOR 130 Cf/Bbl.

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

Approved: AUG 24 1960, 19____

Socony Mobil Oil Company, Inc.

(Company or Operator)

By: P. M. Barry
(Signature)

Title: Dist. Prod. Supt.

Send Communications regarding well to:

Name: Mobil Oil Company

Address: Box 3371, Durango, Colorado

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title: Supervisor Dist. # 3

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OIL CONSERVATION COMMISSION		
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