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NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

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 new 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.

Farmington, New Mexico, November 1, 1963

(Place)

(Date)

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

Socony Mobil Oil Co., Inc. **Chimney Rock** Well No. **21-7** in **NE** $\frac{1}{4}$ **NW** $\frac{1}{4}$,
(Company or Operator) (Lease)

C Sec. **7** T. **31N** R. **16W** NMPM. **Many Rocks Gallup** Pool
Unit Letter

San Juan

County. Date Spudded. **9/20/63** Date Drilling Completed **9/23/63**

Please indicate location:

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

Elevation **5435' KB (10')** Total Depth **1505'** FBTD **1467'**

Top Oil/Gas Pay **1310'** Name of Prod. Form. **Juana Lopez & Upper Horse-shoe**

PRODUCING INTERVAL -

Perforations **4 holes/ft' 1431/1437' & 4 holes/ft' 1310 1/2/1314 1/2'**

Open Hole _____ Depth _____ Casing Shoe **1500'** Depth _____ Tubing **1420'**

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 Choke load oil used): **13** 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): **935 Bbls. crude, 40,000# sand & 2,000# glass beads**

Casing _____ Tubing _____ Date first new Press. **15#** Press. **15#** oil run to tanks **10/31/63**

Oil Transporter **McWood Corporation**

Gas Transporter _____

Remarks: _____

I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved **NOV. 4 1963**, 19_____
Socony Mobil Oil Company, Inc.
(Company or Operator)

OIL CONSERVATION COMMISSION

By: **Original Signed Emery C. Arnold**

Title **Supervisor Dist. # 3**

NMCCC Aztec 4, Spgs 1, file 1

By: **M. J. Meyer** *M. J. Meyer, by R. H. B.*
(Signature)

Title **Senior Production Foreman**

Send Communications regarding well to:

Name **Mobil Oil Company**

Address **Box 778, Farmington, New Mexico**

