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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

HOBBS OFFICE
DEC 17 1966

I. Operator
Socony Mobil Oil Company, Inc.

Address
Box 1800, Hobbs, New Mexico

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☒ Change in Transporter of:
Recompletion ☐ 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 New Mex "X"	Well No. 1	Pool Name, Including Formation Mescalero San Andres	Kind of Lease State, Federal or Fee State
Location Mescalero - San Andres R-3067			
Unit Letter P	400 Feet From The East Line and 330 Feet From The South		
Line of Section 10	Township 10-S	Range 32-E	NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Magnolia Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 900, Dallas, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Oklahoma 74102
If well produces oil or liquids, give location of tanks.	Unit P Sec. 10 Twp. 10-S Rge. 32-E Is gas actually connected? No 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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Restv. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Spudded 1-9-66	Date Compl. Ready to Prod. 3-13-66	Total Depth 4490	P.B.T.D. 4200					
Pool Mescalero	Name of Producing Formation San Andres	Top Oil/Gas Pay 3443	Tubing Depth 4196					
Perforations 4095, 99, 4109, 16, 23, 26, 28, 33, 38, 40, 42, 4277, 79, 87, 93, 4310, 17, 24, 44, 46, 60, 62, 64, 74, 86, 88, 90, 92, 4437, 46, 49, 4128, 33 & 38, 4288, 93, 4310, 17, 24, 60, 62, 87 & 93, 4109, 16, 23, 75, 78, 85 & 92 w/1SP							Depth Casing Shoe 4196	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		1566		600 sax			
6-3/4"	4-1/2"		4490		300 sax			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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 3-13-66	Date of Test 3-16-66	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 144	Oil - Bbls. 144	Water - Bbls. 48	Gas - MCF 40

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.

E. J. Kenyon
(Signature)
Group Supervisor
(Title)
March 17, 1966
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 **66**

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 completed wells.

DEVIATION TESTS

Socony Mobil Oil Company, Inc.

NEW MEX. "X" Well No. 17 31 1/2
Unit P, Sec. 10, T-10-S, R-32-E, P. 16
Lea County, New Mexico

NOTARY PUBLIC O.C.C.

<u>Depth</u>	<u>Degrees Off Vertical</u>
500	1/4
1000	1/4
1566	3/4
2000	1-1/4
2310	1-1/4
3049	2
3220	1-3/4
3450	1-3/4
3718	1-1/2
4105	1-1/4
4402	1-1/4
4490	1

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

E. J. Kennon
E. J. Kennon, Group Supervisor

SUBSCRIBED AND SWORN TO BEFORE ME, A NOTARY PUBLIC IN AND FOR LEA COUNTY, STATE OF NEW MEXICO, THIS 17th DAY OF MARCH, 1966.

Loene Woadum Kelle
Notary Public.