

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

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

I. Operator
Socony Mobil Oil Company, Inc.

Address
10737 South Shoemaker Ave., Santa Fe Springs, California

Reason(s) for filing (Check proper box) Other (Please explain) Change of Operator
New Well ☐ Change in Transporter of: effective 6/1/65. Previous Operator was:
Recompletion ☐ Oil ☐ Dry Gas ☐ J. Glenn Turner, Box 728, Farmington,
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ New Mexico

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Thomas	Well No. 1-30	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Fee
Location Unit Letter L ; 1770 Feet From The South Line and 930 Feet From The West Line of Section 30 , Township 29N Range 11W , NMPM, San Juan County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Trans Western Tankers, Inc.	Address (Give address to which approved copy of this form is to be sent) 761 S. Miller Ave., Farmington, New Mexico					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Southern Union Gas Co.	Address (Give address to which approved copy of this form is to be sent) 400 S. Lorena, Farmington, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 30	Twp. 29N	Rge. 11W	Is gas actually connected? Yes	When 7-16-62

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'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

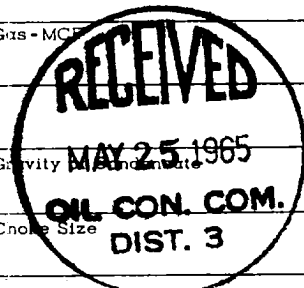
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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	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	Length of Test	Bbls. Condensate/MMCF	Gravity
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.

H. H. Carrick, Jr. (Signature)
District Producing Superintendent (Title)

May 20, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 25 1965
Original Signed By
BY A. R. KENDRICK
TITLE PETROLEUM ENGINEER DIST. NO. 3

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