

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

NO. OF COPIES RECEIVED		5
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LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
PRORATION OFFICE		

Operator <u>Socony Mobil Oil Company, Inc.</u>		
Address <u>10737 South Shoemaker Ave., Santa Fe Springs, California</u>		
Reason(s) for filing (Check proper box)		Other (Please explain) <u>Change of Operator effective 6/1/65. Previous Operator was: J. Glenn Turner, Box 728, Farmington, New Mexico</u>
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>		

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, Including Formation	Kind of Lease
Lease Name <u>Nye</u>		<u>2</u>	<u>Basin Dakota</u>	State, Federal or Fee <u>Federal</u>
Location Unit Letter <u>G</u> ; <u>1600</u> Feet From The <u>North</u> Line and <u>1630</u> Feet From The <u>East</u>				
Line of Section <u>8</u> , Township <u>29N</u> Range <u>10W</u> , NMPM, <u>San Juan</u> County				

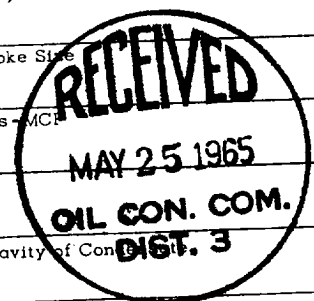
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	<u>Trans Western Tankers, Inc.</u>	<u>761 S. Miller Ave., Farmington, New Mexico</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	<u>El Paso Natural Gas Co.</u>	<u>Box 990, Farmington, New Mexico</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>G</u> Sec. <u>8</u> Twp. <u>29N</u> Rge. <u>10W</u>	Is gas actually connected? <u>Yes</u>	When <u>3-7-61</u>

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

VI. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)									
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 (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)

OIL WELL		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tanks	Date of Test	Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Water-Bbls.	Gas-MCF
Actual Prod. During Test	Oil-Bbls.		
GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Casing Pressure	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure		



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, 19\_\_\_\_\_  
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 completed wells.