

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
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

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

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

II. DESCRIPTION OF WELL AND LEASE  
Lease Name Osborn Well No. 1-22 Pool Name, including Formation Flora Vista Mesaverde Kind of Lease State, Federal or Fee Fee  
Location  
Unit Letter M ; 790 Feet From The South Line and 900 Feet From The West  
Line of Section 22 , Township 30N Range 12W , NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil  or Condensate  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  or Dry Gas  El Paso Natural Gas Co. Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, New Mexico  
If well produces oil or liquids, give location of tanks. Unit M Sec. 22 Twp. 30N Rge. 12W Is gas actually connected? Yes When 4-11-61

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'v. Diff. Res'v.  
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 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.  
H. H. Carrick, Jr. (Signature)  
District Producing Superintendent (Title)  
May 20, 1965 (Date)

OIL CONSERVATION COMMISSION  
APPROVED: MAY 25 1965  
Original Signed by A. R. KENDRICK, 19  
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.

