NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

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 completed 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.

Hobbs, New Mexico (Place) 3-7-60 (Date)

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

Socony Mobil Oil Co., Inc. (Company or Operator) Ute Mountain (Lease) Well No. 10, in NE ¼ SW ¼,

K (Unit Letter), Sec. 22, T. 31N, R. 14W, NMPM., Verde Gallup Pool

San Juan County. Date Spudded 11-12-59 Date Drilling Completed 11-22-59

Elevation _____ Total Depth 3000' PBTD -

Top Oil/Gas Pay 2874 Name of Prod. Form. Lower Gallup

PRODUCING INTERVAL -

Perforations 2874-3000 (slotted liner)

Open Hole _____ Depth Casing Shoe 3000 Depth Tubing 2991

OIL WELL TEST -

Natural Prod. Test: _____ bbls.oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 10 bbls.oil, 0 bbls water in 24 hrs, 0 min. Choke Size -

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): 30,000 gals Lease crude

Casing Press. 300 Tubing Press. - Date first new oil run to tanks 3-3-60

Oil Transporter Mobil Oil Co. - Trucks

Gas Transporter _____

Please indicate location:

D	C	B	A
E	F	G	H
L	K •10	J	I
M	N	O	P

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8	97	80
5 1/2	2850	235
4 1/2	Slotted Liner	0

Remarks: GOR 463/1, Gr 40.5° Pump w/12-40" SPM.

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

Approved MAR 18 1960, 19

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

Socony Mobil Oil Co., Inc. (Company or Operator)

By: (Signature)

Title District Superintendent

Send Communications regarding well to:

Name Socony Mobil Oil Co., Inc.

Address Box 3371, Durango, Colorado

RECEIVED
MAR 21 1960
OIL CON. COM.
DIST. 3

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