

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 QUADRUPPLICATE 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 July 20, 1964
(Place) (Date)

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

Socony Mobil Oil Company, Inc. State "NM", Well No. 15, in SW 1/4, NW 1/4,
(Company or Operator) (Lease)

E 34, T. 17 S, R. 35 E, NMPM., Undesignated Pool

Sec. 34

County. Date Spudded 6/11/64 Date Drilling Completed 6/26/64

Please indicate location:

Elevation 3940' Total Depth 6300' PBD 6261'

Top Oil/Gas Pay 6122' Name of Prod. Form. Glorieta

PRODUCING INTERVAL -

Perforations 6122 - 6165'

Open Hole - Depth Casing Shoe 6300 Depth Tubing 6162'

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Pumped Choke load oil used): 255 bbls. oil, 63 bbls water in 24 hrs, 0 min. 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): 4000 gals 15% NE Acid + 14 RCN Ball sealers.

Casing Tubing Date first new Press. - Press. - oil run to tanks 7/1/64

Oil Transporter Texas-New Mexico Pipe Line Company

Gas Transporter Phillips Petroleum Company

Remarks:

GOR 172, Gty 36.9 @ 60°. Pumps 13 - 72" SPM.

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

Approved: _____, 19_____

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

By: *J. J. McDaniel*
(Signature)

Title: Group Supervisor

Send Communications regarding well to:

Name: Socony Mobil Oil Company, Inc.

Address: Box 1800, Hobbs, New Mexico

OIL CONSERVATION COMMISSION

By: *[Signature]*

Title: _____