

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

June 4, 1963

(Place)

(Date)

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

Socony Mobil Oil Company, Inc. C. L. O'Brien "C", Well No. 1, in SW 1/4, SW 1/4,
(Company or Operator) (Lease)

M, Sec. 1, T. 9 S, R. 28 E, NMPM., Undesignated, Pool

Chaves

County. Date Spudded 4/13/63 Date Drilling Completed 5/22/63

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Elevation 3930 Total Depth 7245 PBD -

Top Oil/Gas Pay 7180 Name of Prod. Form. Devonian

PRODUCING INTERVAL - 7180, 7181, 7183, 7186, 7187, 7188, 7189, 7190, 7191

Perforations 7193, 7195, 7197, 7198, 7201, 7202, 7203, 7204, 7205.

Open Hole - Depth 7245 Depth Tubing 7126

OIL WELL TEST -

Flow 176 bbls, oil, 0 bbls water in 24 hrs, - min. Choke 20/64

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): bbls, oil, bbls water in hrs, 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): None

Casing Press. 200 Tubing Press. 200 Date first new oil run to tanks 5/29/63

Oil Transporter The Permian Corp.

Gas Transporter None

Tubing, Casing and Cementing Record

Size	Feet	Sax
11 3/4	685	310
8 5/8	3450	1125
5 1/2	7245	1025
2"	7126	

Remarks: Packer @ 7060'. Qty 49.7 @ 60°

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

Approved: JUN 6 1963, 19

Socony Mobil Oil Company, Inc.

(Company or Operator)

By: [Signature] (Signature)

Title: Group Supervisor

Send Communications regarding well to:

Socony Mobil Oil Company, Inc.

Name: Box 2406, Hobbs, New Mexico
Address:

OIL CONSERVATION COMMISSION

By: W. A. Gressett

Title: OIL AND GAS INSPECTOR

RECEIVED
JUN 5 1963
O. C. P.
ARTES