

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

HOOBS OFFICE C.C.C.
MAY 17 11 21 AM '66

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

I.

Operator: Socony Mobil Oil Company, Inc. Address: Box 633, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter oil: <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) Connection of casinghead gas sales	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico "B"	Well No. Pool Name, including Formation 3 Mescalero - Penn	Kind of Lease State, Federal or Free State
Location Unit Letter B : 330 Feet From The West Line and 334 Feet From The North	Line of Section 27, Township 10-S, Range 32-E, NMPM, Lea County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Texas New Mexico Pipe Line P. O. Box 900, Dallas, Texas	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Warren Petroleum Corp. Tulsa, Okla. P. O. Box 1589, 74102	
If well produces oil or liquids, give location of tanks.	Unit B, Sec. 27, Twp. 10-S, Rge. 32-E	Is gas actually connected? Yes When 3-8-66

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'ty.	Diff. Res'ty.
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

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.

Original Signed By:

T. A. Payne

Authorized Agent

(Title)

5-13-66
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

TITLE _____

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.

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110

Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

HOBBS OFFICE OCC

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator Socony Mobil Oil Company, Inc. Lease New Mex "B"

Well No. 3 Unit Letter B S 27 T 10S R 32E Pool Mescalero (Penn)

County Lea Kind of Lease (State, Fed. or Patented) State

If well produces oil or condensate, give location of tanks: Unit NE/4 S 27 T 10S R 32S

Authorized Transporter of Oil or Condensate Texas-New Mexico Pipe Line Co.

Address Box 1510, Midland, Texas

(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas Socony Mobil Oil Company, Inc.

Address Box 2406, Hobbs, New Mexico Date Connected _____

(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

Reasons for Filing: (Please check proper box) New Well ☐

Change in Transporter of (Check One): Oil ☐ Dry Gas ☐ C'head ☐ Condensate ☐

Change in Ownership ☐ Other ☒

Remarks: (Give explanation below)

Change name of Operator from Magnolia Petroleum Company

Effective October 1, 1959

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 1st day of October 19 59

Approved OCT 21 1959 19

By [Signature]

Title District Superintendent

OIL CONSERVATION COMMISSION

Company Socony Mobil Oil Company, Inc

By [Signature]

Address Box 2406

Title Engineer District I

Hobbs, New Mexico