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TRANSPORTER	OIL
	GAS
OPERATOR	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

11883 OFFICE O.C.C.
NOV 17 2 56 PM '65

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator El Chorro Exploration, Inc.	
Address c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Working Lease <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner **Socarny Mobil Oil Co., Inc., Box 1800, Hobbs, New Mexico**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jacobs Federal	Well No. 3	Pool Name, including Formation Milnesand San Andres	Kind of Lease State, Federal or Fee Federal
Location			
Unit Letter J	1980.5 Feet From The South Line and 1980 Feet From The East		
Line of Section 18	Township 8 S	Range 35 E	NMCM, Roosevelt 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) 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) Box 1470, Midland, Texas		
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 19	Twp. 8S
	Rge. 35E	Is gas actually connected? Yes	When 11/14/65

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
						<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Date Spudded Re-entered 11/12/65	Date Compl. Ready to Prod. 11/14/65	Total Depth 9273	F.B.T.D. 4745					
Pool Milnesand	Name of Producing Formation San Andres	Top Oil/Gas Pay 4536	Tubing Depth 4715					
Perforations 4536, 4555, 4564, 4579, 4596, 4608, 4610, 4622, 4636			Depth Casing Shoe 7 5/8 @ 4920					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15 3/4	10 3/4		430		400			
9 7/8	7 5/8		4920		1950			
6 3/4	5 1/2" liner		4759-9273		500			

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 11/14/65	Date of Test 11/14 to 11/15/65	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 50#	Casing Pressure —	Choke Size Open
Actual Prod. During Test 260 bbls fluid	Oil-Bbls. 254	Water-Bbls. 6	Gas-MCF 305

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.

A. L. Smith
(Signature)

Agent

(Title)

November 17, 1965

(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.