

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - ~~LEASE~~ 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 June 23, 1964
(Place) (Date)

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

Socony Mobil Oil Company, Inc. Jacobs Federal , Well No. 4 , in NW $\frac{1}{4}$ SE $\frac{1}{4}$,
(Company or Operator) (Lease)

J , Sec. 19 , T. 8 S , R. 35 E , NMPM. , Undesignated Pool
Unit Letter

Roosevelt County. Date Spudded 5/14/64 Date Drilling Completed 5/25/64

Please indicate location:

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

Elevation 4219 Total Depth 4785 PBDT 4749

Top Oil/Gas Pay 4653 Name of Prod. Form. San Andres

PRODUCING INTERVAL -

Perforations 4653 - 4725

Open Hole - Depth Casing Shoe 4785 Depth Tubing 4718

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Pumped load oil used): 147 bbls. oil, 3 bbls water in 24 hrs, _____ 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): 1500 gal 15% NE Acid + sand oil frac 20,000 gals + 40,000# 20-40 sand) sand + 15 RCN ball sealers.

Casing _____ Tubing _____ Date first new Press. _____ Press. _____ oil run to tanks 5/30/64

Oil Transporter Magnolia Pipe Line Company

Gas Transporter Sinclair Oil & Gas Company

Remarks: Pumps 11 - 54" SPM. GOR 595, Gty 18.4 @ 60°

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)

OIL CONSERVATION COMMISSION

By: [Signature]
(Signature)

Title Group Supervisor

Send Communications regarding well to:

Name Socony Mobil Oil Company, Inc.

Address Box 1800, Hobbs, New Mexico

By: _____

Title _____