

SECTION	
SANTA FE	
FILE	
WASCO	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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 1-1-61

HOBBS OFFICE O. C. C.

FEB 25 11 20 AM '65

Operator  
Soco/Mobil Oil Company, Inc.

Address  
Box 1000, Hobbs, New Mexico

Reasons for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Improvement <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"/>

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE				
Lease Name Jacobs Federal	Well No. 10	Pool Name, including Formation Milnesand - San Andres	Kind of Lease XXXX Federal XXXXX	
Location				
Unit Letter L	1720	Feet From The South	Line and 660	Feet From The West
Line of Section 20	Township 3S	Range 35E	NMPM	Roosevelt County

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)					
Magnolia Pipe Line Company	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)					
Sinclair Oil & Gas Company	520 E. Broadway, Hobbs, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit SW/4	Sec. 20	Twp. 3S	Rge. 35E	Is gas actually connected? Yes	When 2-22-65

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/>	Plugging Back <input type="checkbox"/> Sand Control <input type="checkbox"/> Other <input type="checkbox"/>
Date of Completion 1-12-65	Date Compl. Ready to Prod. 2-22-65	Total Depth 4775'	Perforation Depth 4737'
Pool Milnesand	Name of Producing Formation San Andres	Top Oil/Gas Pay 4623'	Perforation Depth 4735'
Perforation 4623-4645 & 4664-4730			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	379	350 sk incal head
7 7/8"	5 1/2"	4775	250 sk incal head
	2 3/8"	4735	

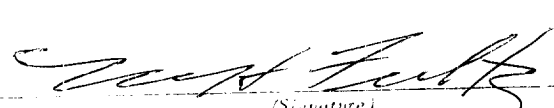
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 1-25-65	Date of Test 2-22-65	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure None	Casing Pressure None	Choke Size "
Actual Prod. During Test 100	Oil - Bbls. 42	Water - Bbls. 58	Gas - Bbls. 25

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.

  
(Signature)  
Group Supervisor  
(Title)  
2-23-65  
(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.