

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - ~~WELL~~ 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

October 26, 1961

(Place)

(Date)

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

Socony Mobil Oil Company, Inc.

State **"N"**

Well No. **4**, in **NW** $\frac{1}{4}$ **NE** $\frac{1}{4}$,

(Company or Operator)

(Lease)

B

Sec. **7**

T. **17-S**

R. **34-E**

NMPM.,

Vacuum

Pool

Unit Letter

10a

County. Date Spudded **6/15/57**

Date Drilling Completed **7/30/57**

Elevation **4122**

Total Depth **4703**

PBTD **-**

Please indicate location:

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

Top Oil/Gas Pay **4653**

Name of Prod. Form. **San Andres**

PRODUCING INTERVAL -

Perforations -

Open Hole **4638-4703**

Depth Casing Shoe **4638**

Depth Tubing **4700**

OIL WELL TEST -

Natural Prod. Test: **8** bbls. oil, **0** bbls water in **24** hrs, **-** min. Size **2"**

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. Size _____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Size
8 5/8	1568	800
5 1/2	4638	1200

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): _____

Casing Press. _____ Tubing Press. _____ Date first new oil run to tanks **10/19/61**

Oil Transporter **Texas-New Mexico P/L**

Gas Transporter **Vented**

Remarks: _____

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)

By: _____

(Signature)

Title **Senior Clerk**

Send Communications regarding well to:

Name **Socony Mobil Oil Company, Inc.**

Address **Box 2406, Hobbs, New Mexico**

OIL CONSERVATION COMMISSION

By: _____

Title _____