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NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO

## CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FORM C-110  
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator <b>Socony Mobil Oil Company, Inc.</b>				Lease <b>State Bridges</b>		Well No. <b>27</b>	
Unit Letter <b>H</b>	Section <b>26</b>	Township <b>17S</b>	Range <b>34E</b>	County <b>Lea</b>			
Pool <b>Undesignated</b> <i>Shibot</i>				Kind of Lease (State, Fed, Fee) <b>State</b>			
If well produces oil or condensate give location of tanks			Unit Letter <b>NE/4</b>	Section <b>26</b>	Township <b>17S</b>	Range <b>34E</b>	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <b>Magnolia Pipe Line Company</b>				Address (give address to which approved copy of this form is to be sent) <b>Box 1073, Midland, Texas</b>			
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/> <b>Phillips Petroleum Company</b>			Date Con- nected <b>10/18/62</b>	Address (give address to which approved copy of this form is to be sent) <b>Box 2105, Hobbs, New Mexico</b>			
If gas is not being sold, give reasons and also explain its present disposition:							

REASON(S) FOR FILING (please check proper box)

New Well ..... ☒ Change in Ownership ..... ☐  
 Change in Transporter (check one) Other (explain below)  
 Oil ..... ☐ Dry Gas ..... ☐  
 Casing head gas . ☐ Condensate.. ☐

Remarks

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

Executed this the **24th** day of **October**, 19 **62**.

OIL CONSERVATION COMMISSION

Approved by

Title

Date

By

Title

Company

Address

*J. J. McDaniel*  
**Group Supervisor**

**Socony Mobil Oil Company, Inc.**

**Box 2406, Hobbs, New Mexico**

NEW MEXICO OIL CONSERVATION COMMISSION

Well Location and Acreage Dedication Plat

Section A.

Date July 23, 1962

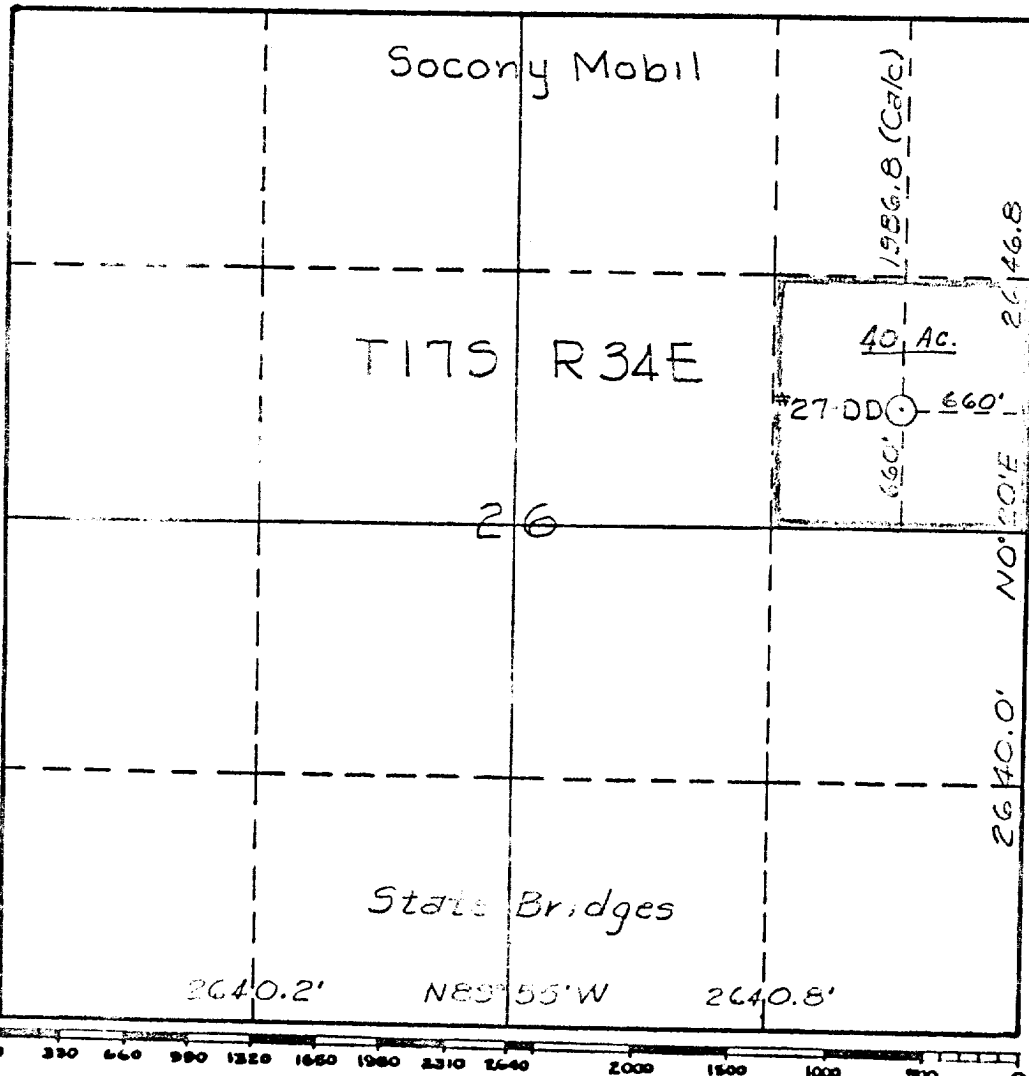
Operator Socony Mobil Oil Company, Inc. Lease State Bridges 80 PM 1:30  
Well No. 27DD Unit Letter H Section 26 Township 17 S Range 34 E NMPM  
Located 1986.8 Feet From North Line, 660 Feet From East Line  
County La G. L. Elevation 4005 Dedicated Acreage 40 Acres  
Name of Producing Formation Yeso Pool Undesignated

1. Is the Operator the only owner\* in the dedicated acreage outlined on the plat below?  
Yes X No       .
2. If the answer to question one is "no," have the interests of all the owners been consolidated by communitization agreement or otherwise? Yes        No       . If answer is "yes," Type of Consolidation
3. If the answer to question two is "no," list all the owners and their respective interests below:

Owner

Land Description

Section B.



This is to certify that the information in Section A above is true and complete to the best of my knowledge and belief.

Socony Mobil Oil Co., Inc.  
(Operator)

Al H. Barb  
(Representative)

Box 2406, Hobbs, New Mexico  
Address

This is to certify that the well location shown on the plat in Section B was plotted from field notes of actual surveys made by me or under my supervision and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed 7/23/62

James H. Smith  
Registered Professional  
Engineer and/or Land Surveyor.

Certificate No. 3572

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**NEW MEXICO OIL CONSERVATION COMMISSION**  
**MISCELLANEOUS REPORTS ON WELLS**

**FORM C-103**  
(Rev 3-55)

(Submit to appropriate District Office as per Commission Rule 1106)

Name of Company <b>Socony Mobil Oil Company, Inc.</b>				Address <b>Box 2406, Hobbs, New Mexico</b>			
Lease <b>State Bridges</b>	Well No. <b>27</b>	Unit Letter <b>H</b>	Section <b>26</b>	Township <b>17S</b>	Range <b>34E</b>		
Date Work Performed <b>9/1 thru 9/3/62</b>	Pool <b>Undesignated</b>			County <b>Lea</b>			

**THIS IS A REPORT OF: (Check appropriate block)**

- ☐ Beginning Drilling Operations    
 ☒ Casing Test and Cement Job    
 ☐ Other (Explain):  
☐ Plugging    
 ☐ Remedial Work

Detailed account of work done, nature and quantity of materials used, and results obtained.

Set 2965' of 15# N-80 5" liner @ 7000'. Top of liner @ 4035'. Cemented w/375 cu. ft. Slurry Vol. (200 sx Trinity Lite Wt. 12.77#/gal. followed by 75 sx Trinity Inferno 16#/gal.) Mixed @ 90°F, Formation Temp. 130°F, Estimated strength @ time of testing, Trinity Lite Wt. 1790#, Trinity Inferno 3000# psi. Time cement in place @ start of test 20 hrs. Did not circ. Plug down @ 6:30 PM 9/2/62. WOC 8 hrs. Worth Well ran temp survey, top of cement @ 4400'. Ran RTTS tool to 4835'. Cemented top of 5" liner w/110 cu. ft. Slurry Vol. (100 sx Trinity Inferno 16#/gal.), Mixed @ 90°, Formation Temp. 130°F, Estimated strength @ time of testing 3000#. Time cement in place @ start of test 12 hrs. Max pr. 3000#, complete @ 9:30 AM 9/3/62. WOC 12 hrs. Tested top of 5" liner w/2000# for 30 mins. Tested OK.

Witnessed by <b>Earl D. Hughes</b>	Position <b>Drilling Foreman</b>	Company <b>Socony Mobil Oil Company, Inc.</b>
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**FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY**

**ORIGINAL WELL DATA**

D F Elev.	T D	P B T D	Producing Interval	Completion Date
Tubing Diameter	Tubing Depth	Oil String Diameter	Oil String Depth	
Perforated Interval(s)				
Open Hole Interval			Producing Formation(s)	

**RESULTS OF WORKOVER**

Test	Date of Test	Oil Production BPD	Gas Production MCFPD	Water Production BPD	GOR Cubic feet/Bbl	Gas Well Potential MCFPD
Before Workover						
After Workover						

OIL CONSERVATION COMMISSION		I hereby certify that the information given above is true and complete to the best of my knowledge.	
Approved by		Name	<i>W. H. Lutz</i>
Title		Position	<b>Senior Clerk</b>
Date		Company	<b>Socony Mobil Oil Company, Inc.</b>