

REQUEST FOR (OIL) - ~~(GAS)~~ 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

March 12, 1963

(Place)

(Date)

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

~~Socony Mobil Oil Company, Inc.~~

State Bridges

95

SE

SE

(Company or Operator)

, Well No., in. 1/4. 1/4.

P

26

T 17S

(Loc.)

34E

R., NMPM,

Vacuum Wolfcamp

Pool

Unit Letter

Lea

County. Date Spudded 5/8/62

Date Drilling Completed

8/28/62

Please indicate location:

Elevation 4003 GL

Total Depth

13,816

PBTD

12,135

Top Oil/Gas Pay 9518

Name of Prod. Form.

Wolfcamp

PRODUCING INTERVAL -

Perforations 9518 - 9986

Open Hole

-

Depth

13,816

Depth

9326

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery) volume of oil equal to volume of
Flow load oil used): 308 bbls. oil, 9 bbls water in 24 hrs, 0 min. Size 24/64

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 Fracture Treatment (Give amount of materials used, such as acid, water, oil, and sand): 8500 gal Acid Kerobene + 1000 gal 15% HCl Acid + 7500 gal Emul acid + 78 PCN ball sealers.

Casing Press. Tubing Press. 160 Date first new oil run to tanks 12/27/62

Oil Transporter Magnolia Pipe Line Company

Gas Transporter Phillips Petroleum Company

Remarks: GOR 935, Qty. 38.2 @ 60°, Pcr. @ 9326

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:

J. J. McDaniel
(Signature)

Title

Group Supervisor

Send Communications regarding well to:

Socony Mobil Oil Company, Inc.

Name

Box 2406, Hobbs, New Mexico

Address

OIL CONSERVATION COMMISSION

By:

Title