NEW N CICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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 QUADRUPLICATE 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.

						HODDS, (Plac			Septem	(Date)
				. Toola	OWABLE FO	317-	11 BL-	2/ 10	KE (/4NE 1/4, Pool
(C	Compar	y or Oper	26		(Lease) D 35 8	NMP	м	Undesignat	ed.	Pool
Unit I	Lotter	, Sec		, T	, Kddad	8/14/62	}	Date Drilling (Completed	9/10/62 8939
				cloustion	J724 U.M		, Iucar ber			
Ple	ase in	dicate lo	-	Top Oil/Ga	s Pay86	74	Name of F	rod. Form	Abo	
D	C	B	A 9 0		INTERVAL -					
E	F	G	H	Dectomotio	ons 8674-8	854*	Depth Casing S	noe 910	Depth Tubing_	8638
		J	I	OIL WELL T	TEST -					Choke min Size
L	K	, v		Natural Pi	rod. Test:	bbls.oi	11,	bbls water 1	murs	min. Size
M	N	0	P	Test Afte:	r Acid or Fractuused): 300	bbls.oil,	nt (after r BAW _b	bls water in	24 hrs,	qual to volume of Choke Omin. Size 24
				GAS WELL		_				
			/				MCF/Dav;	Hours flowed	Chok	e Size
<u> </u>			ting Peop		Tasting (pitot	back pres	sure, etc.)	-		<u></u>
ubing ,(Sure		Feet	nting Reco Sax	Test Afte	r Acid or Fract	ure Treatme	nt:	M	CF/Day; Hour	s flowed
	. [Choke Siz	eMeth	od of Testi	ng:			
10 3	14	330	450					the second se		, water, oil, and
7 5	/8	3596	2290						-	
51	/2	9100	710	Casing Press.	Tubing Press		l run to ta	anks9/16/	62	
lemarks 8776,		a and	anda	679, 8703	106 8703 8	27, 8731 1808, 88	. 8742, 12, 8814	8745, 8751 8817, 88	22	8766, 8770 8830, 8833
8836,	884	9, 8854	v/1 je	t shot/ft	GOR 590	Gty. 3	7.47	he hest of my k	nowledge.	···· ···
Approve	ed				, 19			(Company o	r Operator)	14
	OIL	CONSE	RVATIO	N COMMIS	SSION	By:		(Signa	nure)	S
¥:	2					Title.		Communication		well to:
Fitle						 Name	Socony	Mobil 011	Company,	Inc.
		://				Addr	Box 2	406, Hobbs,	New Mez	100