

REQUEST FOR (OIL) - ~~REPAIR~~ 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

January 30, 1962

(Place)

(Date)

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

Socony Mobil Oil Company, Inc.

Well No. 9, in SE 1/4 NW 1/4,

(Company or Operator)

(Lease)

F

Unit Letter

Sec. 34

T. 17-S

R. 35-E

NMPM, Vacuum Abo

Pool

Lea

County. Date Spudded 12/14/61

Date Drilling Completed 1/29/62

Please indicate location:

Elevation 3923

Total Depth 9100 PBD 9049

Top Oil/Gas Pay 8408

Name of Prod. Form. Abo

PRODUCING INTERVAL -

Perforations 8408-8658

Open Hole -

Depth

Casing Shoe 9100

Depth

Tubing 8395

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 1180 bbls. oil, 0 bbls water in 24 hrs, \_\_\_\_\_ min. Choke 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 or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 1000 gals 15% NEM Acid

Casing Mr. Tubing 460 Date first new oil run to tanks 1/29/62

Oil Transporter Texas New Mexico Pipe Line Co.

Gas Transporter Phillips Petroleum Co.

Remarks: GOR 1047, Gty. 41.0

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)

OIL CONSERVATION COMMISSION

By: \_\_\_\_\_

(Signature)

By: \_\_\_\_\_

Title Senior Clerk

Send Communications regarding well to:

Title \_\_\_\_\_

Name Socony Mobil Oil Company, Inc.

Address Box 2406, Hobbs, New Mexico

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRORATION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION CO. SSION  
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>Soco Mobil Oil Company, Inc.</b>				Lease <b>State "M"</b>		Well No. <b>9</b>	
Unit Letter <b>F</b>	Section <b>34</b>	Township <b>17-S</b>	Range <b>35-E</b>		County <b>Loa</b>		
Pool <b>Vacuum Abo</b>				Kind of Lease (State, Fed, Fee) <b>State</b>			

If well produces oil or condensate give location of tanks		Unit Letter <b>NW/4</b>	Section <b>34</b>	Township <b>17-S</b>	Range <b>35-E</b>	
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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) <b>Box 1510, Midland, Texas</b>	
<b>Texas New Mexico Pipe Line Company</b>			

Is Gas Actually Connected? Yes ☒ No ☐

Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/>		Date Connected <b>1/29/62</b>	Address (give address to which approved copy of this form is to be sent) <b>Buckeye, New Mexico</b>
<b>Phillips Petroleum Company</b>			

If gas is not being sold, give reasons and also explain its present disposition:

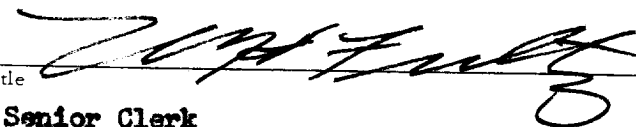
**REASON(S) FOR FILING** (please check proper box)

New Well . . . . . <input checked="" type="checkbox"/>	Change in Ownership . . . . . <input type="checkbox"/>
Change in Transporter (check one)	Other (explain below)
Oil . . . . . <input type="checkbox"/> Dry Gas . . . . . <input type="checkbox"/>	
Casing head gas . <input type="checkbox"/> Condensate . . <input type="checkbox"/>	

Remarks

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

Executed this the **30th** day of **January**, 19 **62**.

OIL CONSERVATION COMMISSION		By
Approved by		Title
Title		<b>Senior Clerk</b>
Date		Company <b>Soco Mobil Oil Company, Inc.</b>
		Address <b>Box 2406, Hobbs, New Mexico</b>