

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.

Hebbs, New Mexico March 22, 1962  
(Place) (Date)

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

Socony Mobil Oil Company, Inc. State "NM", Well No. 10, in SW 1/4 NW 1/4,  
(Company or Operator) (Lease)

E, Sec. 34, T. 17 S, R. 35 E, NMPM, Yacum Abe Pool  
Unit Letter

Lee

Please indicate location:

D	C	B	A
E	F	G	H
<u>X</u>			
L	K	J	I
M	N	O	P

County Lee Date Spudded 2/5/62 Date Drilling Completed 3/9/62  
Elevation 3920 Total Depth 9100 PBD 9063

Top Oil/Gas Pay 8462 Name of Prod. Form. Abe

PRODUCING INTERVAL -

Perforations 8462-8898  
Open Hole - Depth - Casing Shoe 9100 Depth - Tubing 8406

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): 324 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% NE Acid.

Casing Pr. Tubing 200 Date first new oil run to tanks 3/15/62

Oil Transporter Texas-New Mexico P/L

Gas Transporter Phillips Petroleum Co.

Remarks: GOR 475, Gty. 41.5 @ 60°

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]  
(Signature)

OIL CONSERVATION COMMISSION

By: [Signature]

Title Senior Clerk

Send Communications regarding well to:

Title \_\_\_\_\_

Name Socony Mobil Oil Company, Inc.

Address Box 2406, Hebbs, New Mexico