

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - ~~ALLOWABLE~~ ALLOWABLE

This form shall be submitted by the operator before an initial allowable will be assigned to any ~~Completed~~ New Well Recompletion 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.

Hobbs, New Mexico
(Place)

July 5, 1963
(Date)

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

Socony Mobil Oil Company, Inc. State Bridges, Well No. 97, in SE 1/4 SE 1/4,
(Company or Operator) (Lease)

P, Sec. 26, T. 17 S., R. 34 E., NMPM., Undesignated Pool
Unit Letter

Lea County. Date Spudded 12/13/62 Date Drilling Completed 12/30/62

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Elevation 4015 Total Depth 6750 PBD 6703

Top Oil/Gas Pay 5974 Name of Prod. Form. Glorietta

PRODUCING INTERVAL -

Perforations 5974 - 6038

Open Hole Depth 6750 Casing Shoe 5931

OIL WELL TEST - Flow

Natural Prod. Test: 155 bbls. oil, 47 bbls water in 24 hrs, 0 min. Size 24/64 Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): bbls. oil, bbls water in hrs, min. Size Choke

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):

Casing Tubing Date first new
Press. 25 Press. 80 oil run to tanks 6/16/63

Oil Transporter Magnolia Pipe Line Company

Gas Transporter Phillips Petroleum Company

Remarks: Pkr. @ 5931'. Gty. 36.8 @ 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: J. J. McDaniel
(Signature)

Title: Group Supervisor

Send Communications regarding well to:

Name: Socony Mobil Oil Company, Inc.

Address: Box 2406, Hobbs, New Mexico

OIL CONSERVATION COMMISSION

By: [Signature]

Title:

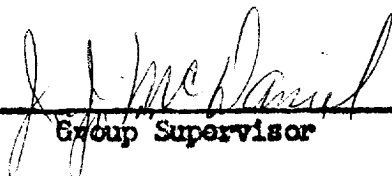
DEVIATION TESTS

Socony Mobil Oil Company, Inc.

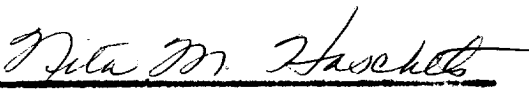
NOBBS OFFICE OCC
State Bridges #97, Unit P
Sec. 262 T-17S, R-34E -
Lea County, New Mexico 87125

<u>Depth</u>	<u>Degree off Vertical</u>	<u>Depth</u>	<u>Degree off Vertical</u>
87	1/4	3896	1/4
261	1/2	4137	3/4
553	3/4	4330	3/4
832	3/4	4519	1/4
1113	1/4	4600	3/4
1543	1/2	4735	3/4
1779	1/4	5169	1 1/2
2182	1	5323	1 1/4
2493	2	5933	1 3/4
2669	2 1/4	6403	2 1/4
2933	1 1/4	6625	2 1/4
3118	1 1/4	6740	2 1/2
3175	3/4		
3525	1/2	6750 TD	

I hereby certify that the above information is true and correct to the best of my knowledge and belief.


Group Supervisor

SUBSCRIBED and sworn to before me, a Notary Public in and for LEA COUNTY, State of NEW MEXICO this 23rd day of January, 1963.


Notary Public

NUMBER OF COPIES RECEIVED		NEW MEXICO OIL CONSERVATION COM. SION				FORM C-110 (Rev. 7-60)	
DISTRIBUTION		SANTA FE, NEW MEXICO				HOBBS OFFICE	
SANTA FE		CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				1963 JUL 8 AM 7:25	
FILE							
U.S.G.S.							
LAND OFFICE							
TRANSPORTER	OIL GAS						
PROBATION OFFICE		FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE					
OPERATOR		Company or Operator Socony Mobil Oil Company, Inc.				Lease State Bridges	
Unit Letter P	Section 26	Township 17 S	Range 34 E	County Lea		Well No. 97	
Pool Undesignated (Glorietta)				Kind of Lease (State, Fed, Fee) State			
If well produces oil or condensate give location of tanks		Unit Letter NE/4	Section 26	Township 17 S	Range 34 E		
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)				
Magnolia Pipe Line Company			Box 900, Dallas 21, Texas				
Is Gas Actually Connected? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/>			Date Connected	Address (give address to which approved copy of this form is to be sent)			
Phillips Petroleum Company				Box 2105, Hobbs, New Mexico			
If gas is not being sold, give reasons and also explain its present disposition:							
Now running packer leakage tests and in process of laying flow line.							
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 <u>5th</u> day of <u>July</u> , 19 <u>63</u> .							
OIL CONSERVATION COMMISSION				By			
Approved by				Title			
Title				Company			
				Socony Mobil Oil Company, Inc.			
Date				Address			
				Box 2406, Hobbs, New Mexico			