

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

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 January 23, 1963
(Place) (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. 17S, R. 34E, NMPM, Undesignated Pool
Unit Letter

Lea

Please indicate location:

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

County. Date Spudded 12/13/62 Date Drilling Completed 12/30/62
Elevation 4015 Total Depth 6750 PBD 6703

Top Oil/Gas Pay 6371 Name of Prod. Form. Paddock 6 1/2

PRODUCING INTERVAL -

Perforations 6371 - 6528

Open Hole - Depth Casing Shoe 6750 Depth Tubing 6389

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): 288 bbls. oil, 0 bbls water in 24 hrs, 0 min. Choke Size 16/64

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 gal. 15% NE Acid, sand oil frag w/15,000 gal + 30,000# 20-40 sand + 18 RCN ball sealers + 1740# 70# addomite.
Casing Tubing Date first new
Press. Pkr. Press. 950 oil run to tanks 1/20/63

Oil Transporter Magnolia Pipe Line Company

Gas Transporter Phillips Petroleum Company

Remarks: Pkr. @ 6201', Gty. 37.6 @ 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

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

NEW MEXICO OIL CONSERVATION COMMISSION
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 Socony Mobil Oil Company, Inc.				Lease State Bridges		Well No. 97	
Unit Letter P	Section 26	Township 17 S	Range 34 E	County Lea			
Pool Undesignated				Kind of Lease (State, Fed, Fee) State			
If well produces oil or condensate give location of tanks			Unit Letter NE/4	Section 26	Township T-17S	Range R-34E	
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) Box 900, Dallas 21, Texas			
Magnolia Pipe Line Company							
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/>			Date Con- nected 1/19/63	Address (give address to which approved copy of this form is to be sent) Box 2105, Hobbs, New Mexico			
Phillips Petroleum Company							

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

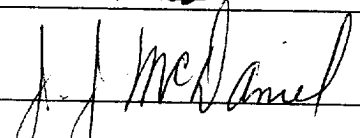
REASON(S) FOR FILING (please check proper box)

New Well ☒ Change in Ownership ☐
Change in Transporter (check one) Other (explain below)
Oil ☐ Dry Gas ☐
Casing head gas . ☐ Condensate . ☐

Remarks

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

Executed this the **23rd** day of **January**, 19 **63**.

OIL CONSERVATION COMMISSION		By
Approved by		Title
Title		Group Supervisor
Date		Company Socony Mobil Oil Company, Inc.
		Address Box 2406, Hobbs, New Mexico

DEVIATION TESTS

REC'D JAN 23 11 03

Socony Mobil Oil Company, Inc.

State Bridges #97, Unit P
Sec. 26, T-17S, R-34E
Lea County, New Mexico

<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
558	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	6408	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

My Commission Expires February 19, 1966.

1. The first part of the report
 is a general description of the
 project and its objectives.

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