

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

New Well Recompletion

Hobbs, New Mexico April 15, 1963
 (Place) (Date)

Socony Mobil Oil Company, Inc. State Bridges, Well No. 96, in SE 1/4 NE 1/4,
(Company or Operator) (Lease)
H, Sec. 26, T. 17 S, R. 34 E, NMPM., Undesignated Pool
Unit Letter

County, Date Spudded 12/3/62

Date Drilling Completed 3/3/63

Please indicate location:

Elevation

4005 GL

Total Depth

12,390

PATD

11.450

Top Oil/Gas Pay 9608

Name of Prod. Form.

Wolfcamp

[illegible]

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.

Hobbs, New Mexico
(Place)

April 15, 1963
(Date)

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

Socony Mobil Oil Company, Inc. State Bridges, Well No. 96, in SE 1/4 NE 1/4,
(Company or Operator) (Lease)

H 26, T 17 S, R 34 E, 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 12/3/62

Date Drilling Completed 3/3/63

Elevation 4005 GL Total Depth 12,390 FBTD 11,450

Top Oil/Gas Pay 9608 Name of Prod. Form. Wolfcamp

PRODUCING INTERVAL -

Perforations 9608 - 9868

Open Hole - Depth Casing Shoe 12,390 Depth Tubing 9401

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 346 bbls. oil, 15 BLW bbls water in 24 hrs, min. 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): 12,500 gals Acid Kerosene Emulsion + 10 RCN Ball Sealers

Casing Press. - Tubing Press. 173 Date first new oil run to tanks 3/17/63

Oil Transporter Magnolia Pipe Line Company

Gas Transporter Phillips Petroleum Company

Remarks: GOR 736, Gty 40.2 Packer @ 9401'

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: J. J. McDaniel
(Signature)

Title Group Supervisor

Send Communications regarding well to:

Name Socony Mobil Oil Company, Inc.

Address Box 2406, Hobbs, New Mexico

DEVIATION TESTS

Socony Mobil Oil Company, Inc.

APR 17 AM 10 25
State Bridges #96, Unit H
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>
200	1/2	7900	1/2
375	1/2	8100	1/2
530	1/2	8223	1/4
712	1	8345	1/2
872	1	8500	3/4
1280	3/4	8650	3/4
1750	3/4	8800	1/2
2404	1/2	8920	3/4
2680	1/2	9025	3/4
2900	1/2	9100	3/4
3183	1	9470	3/4
3200	1	9560	1 1/2
3350	1 1/4	9845	1 1/2
3650	1/2	10025	1
3950	1/4	10227	1 3/4
4061	1/2	10360	2
4284	1/4	10410	2 1/2
4600	3/4	10575	2 1/4
4860	3/4	10690	2 1/2
5400	1	10840	2 1/2
5470	1/2	10950	2 1/2
6420	1/2	11100	2 1/4
6765	1/2	11165	2
6800	1/2	11490	2 1/4
7200	3/4	11610	2 1/4
7570	3/4	11790	1 1/2
7715	3/4	11960	2
7800	3/4	12280	4

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

[Signature]
Group Supervisor

SUBSCRIBED and sworn to before me, a Notary Public in and for LEA COUNTY State of NEW MEXICO this 5th day of April, 1963.

[Signature]
Notary Public

My Commission Expires February 19, 1966

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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 **APR 17 AM 10 25**

Company or Operator Socony Mobil Oil Company, Inc.				Lease State Bridges	Well No. 96
Unit Letter H	Section 26	Township 17 S	Range 34 E	County Lea	

Pool Undesignated	Kind of Lease (State, Fed, Fee) State
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If well produces oil or condensate give location of tanks	Unit Letter NE/4	Section 26	Township 17 S	Range 34 E
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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) Box 900, Dallas, Texas
Magnolia Pipe Line Company	

Is Gas Actually Connected? Yes ☒ No ☐

Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/>	Date Connected 3/17/63	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 <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 16th day of April, 19 63.

OIL CONSERVATION COMMISSION.

Approved by

Title

Date

By

Title

Company

Address

Group Supervisor

Socony Mobil Oil Company, Inc.

Box 2406, Hobbs, 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.

Hobbs, New Mexico

April 5, 1963

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:
Soco Mobil Oil Company, Inc. State Bridges

State Bridges

96

in SE 1/4 NE 1/4

(Company or Operator)

H

Sec. 26

T. 17 S

(Lease)

R. 34 E

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. 12/3/62

Elevation 4005 GL

Date Drilling Completed

3/3/63

Total Depth 12,390

PBTD

11,450

Top Oil/Gas Pay 11,372

Name of Prod. Form.

Pennsylvanian

PRODUCING INTERVAL -

Perforations 11,372 - 11,400

Open Hole

Depth

12,390

Depth

11,350

OIL WELL TEST -

Natural Prod. Test: Flow 272

bbls.oil,

0

bbls water in

24 hrs,

0

min. Size

8/64

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

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.

Press.

3300

oil run to tanks

3/12/63

Oil Transporter

Magnolia Pipe Line Company

Gas Transporter

Phillips Petroleum Company

Remarks: Qty. 49.5, Packer @ 11,350

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

Approved: _____, 19____

Soco Mobil Oil Company, Inc.

(Company or Operator)

By: _____

(Signature)

Title: _____

Group Supervisor

Send Communications regarding well to:

Name: Soco Mobil Oil Company, Inc.

Address: Box 2406, Hobbs, New Mexico

OIL CONSERVATION COMMISSION

By: _____

Title: _____

DEVIATION TESTS

APR 6 10 9 25

Socony Mobil Oil Company, Inc.

State Bridges #96, Unit H
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>
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7570	3/4	11790	1 1/2
7715	3/4	11960	2
7800	3/4	12280	4

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 5th day of April, 1963.


Notary Public

My Commission Expires February 19, 1966

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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)

APR 10 AM 9 25

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator Socony Mobil Oil Company, Inc.				Lease State Bridges		Well No. 96	
Unit Letter H	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 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) 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 3/12/63	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 <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 **5th** day of **April**, 19 **63**.

OIL CONSERVATION COMMISSION

Approved by

Title

Date

By

Title

Company

Address

Socony Mobil Oil Company, Inc.

Box 2406, Hobbs, New Mexico