

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - ~~XXXX~~ ALLOWABLE OFFICE O. C. 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

December 26, 1963

(Place)

(Date)

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

Socony Mobil Oil Company, Inc. State Bridges, Well No. 98, in NW SE

(Company or Operator)

(Lease)

J

26

T 17 S

R 34 E

NMPM,

Undesignated

Pool

Unit Letter

Lea

County. Date Spudded 8/23/63

Date Drilling Completed 11/5/63

Elevation 4017'

Total Depth 11,660'

PBTD 10,150'

Please indicate location:

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

Top Oil/Gas Pay 9,995

Name of Prod. Form. Wolfcamp

PRODUCING INTERVAL -

Perforations 9,995 - 10,119'

Open Hole -

Depth 10,217'

Depth Tubing 9972'

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

Flow load oil used): 230 bbls. oil, 6 bbls. water in 24 hrs, min. 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 2000 gals 15% NE Acid + 39 RCN ball sealers.

sand):

Casing

Tubing

Date first new

Press. 935

Press. 458

oil run to tanks

11/17/63

Oil Transporter Magnolia Pipe Line Company

Gas Transporter Phillips Petroleum Company

Remarks: Gty. 41.9 @ 60°. GOR 856

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)

Title Group Supervisor

Send Communications regarding well to:

Name Socony Mobil Oil Company, Inc.

Address Box 1800, Hobbs, New Mexico

OIL CONSERVATION COMMISSION

By:

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 <b>CERTIFICATE OF COMPLIANCE AND AUTHORIZATION          TO TRANSPORT OIL AND NATURAL GAS</b>	<b>FORM C-110</b> (Rev. 7-60)
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FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator <b>Socony Mobil Oil Company, Inc.</b>		Lease <b>State Bridges State</b>	Well No. <b>98</b>
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Unit Letter <b>J</b>	Section <b>26</b>	Township <b>17 S</b>	Range <b>34 E</b>	County <b>Lea</b>
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Pool <b>Undesignated (Wolfcamp)</b>	Kind of Lease (State, Fed, Fee) <b>State</b>
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If well produces oil or condensate give location of tanks	Unit Letter <b>NE/4</b>	Section <b>26</b>	Township <b>17 S</b>	Range <b>34 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>Magnolia Pipe Line Company</b>	<b>Box 900, Dallas, Texas</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>12/17/63</b>	Address (give address to which approved copy of this form is to be sent)
<b>Phillips Petroleum Company</b>		<b>Box 2105, Hobbs, New Mexico</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"/>	

Effective May 18, 1966, Socony Mobil Oil Company, Inc.  
P. O. Box 1800, Hobbs, New Mexico, changed to Mobil Oil  
Corporation, P. O. Box 633, Midland, Texas.

Remarks

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

Executed this the 27th day of December, 19 63.

OIL CONSERVATION COMMISSION

Approved by

Title

By

Title

Group Supervisor

Company

**Socony Mobil Oil Company, Inc.**

Date

Address

**Box 1800, Hobbs, New Mexico**

NEW MEX. OIL CONSERVATION COMMISSION  
WELL LOCATION AND ACREAGE DEDICATION PLAT

FORM C-128  
Revised 5/1/57

SEE INSTRUCTIONS FOR COMPLETING THIS FORM ON THE REVERSE SIDE

SECTION A

Operator Socony Mobil Oil Company, Inc.		Lease State Bridges		Well No. 98
Unit Letter J	Section 26	Township 17 S	Range 34 E	County Lea
Actual Footage Location of Well: 1980 feet from the South line and 1780 feet from the East line				
Ground Level Elev. 4017	Producing Formation Wolfcamp	Pool Undesignated	Dedicated Acreage: 80 Acres	

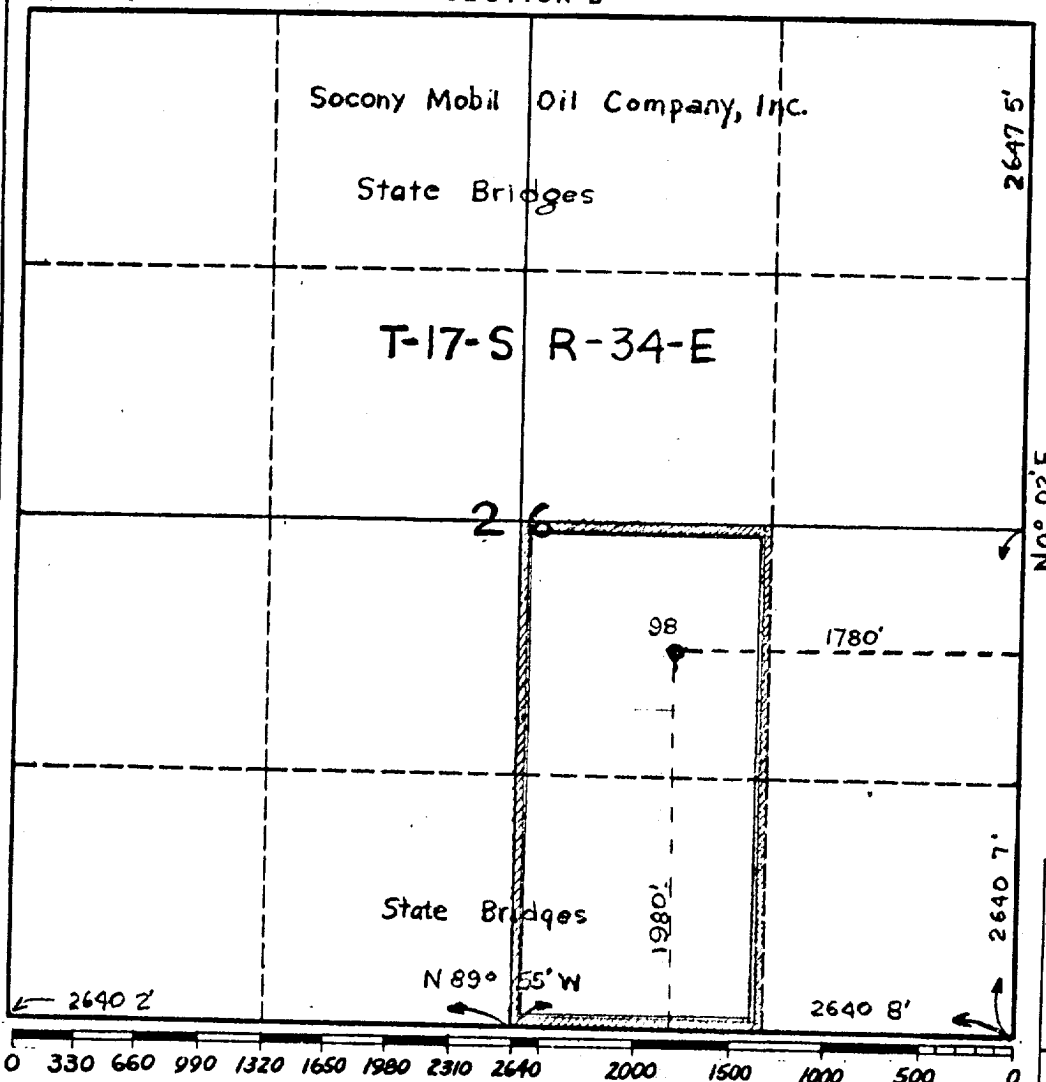
1. Is the Operator the only owner in the dedicated acreage outlined on the plat below? YES ☒ NO ☐ . ("Owner" means the person who has the right to drill into and to produce from any pool and to appropriate the production either for himself or for himself and another. (65-3-29 (e) NMSA 1935 Comp.)
2. If the answer to question one is "no," have the interests of all the owners been consolidated by communitization agreement or otherwise? YES ☐ NO ☐ . If answer is "yes," Type of Consolidation \_\_\_\_\_
3. If the answer to question two is "no," list all the owners and their respective interests below:

Owner	Land Description

SECTION B

Socony Mobil Oil Company, Inc.  
State Bridges

T-17-S R-34-E



CERTIFICATION

I hereby certify that the information in SECTION A above is true and complete to the best of my knowledge and belief.

Name [Signature]  
Position Group Supervisor  
Company Socony Mobil Oil Co., Inc.  
Date January 20, 1964

I hereby certify that the well location shown on the plat in SECTION B was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

Registered Professional Engineer  
and/or Land Surveyor

Certificate No.