

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 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

September 4, 1964

(Place)

(Date)

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

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

L 36, T 17 S, R 34 E, NMPM, Vacuum Abo North Pool  
Unit Letter

Lea

County Date Spudded 4/26/64

Date Drilling Completed 7/10/64

Please indicate location:

Elevation 3993

Total Depth 12,080 PBD 12,045

Top Oil/Gas Pay 9115

Name of Prod. Form. Abo

PRODUCING INTERVAL -

Perforations 9115 - 9185

Open Hole Depth 12,080 Casing Shoe Tubingless

OIL WELL TEST -

Flow

Natural Prod. Test: 179 bbls. oil, 0 bbls water in 24 hrs, - min. Choke Size 22/64

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. Choke 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. 685-220 Press. oil run to tanks 8/2/64

Oil Transporter Magnolia Pipe Line Company

Gas Transporter Phillips Petroleum Company

Remarks:

GOR 557, Gty 40.1 @ 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)

OIL CONSERVATION COMMISSION

By: (Signature)

Title Group Supervisor

Send Communications regarding well to:

Name Socony Mobil Oil Company, Inc.

Address Box 1800, Hobbs, New Mexico

By:

Title