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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUG 13 11 50 AM '65

I. Operator
Secony Mobil Oil Company, Inc.
Address
Box 1800, Hobbs, New Mexico
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State Bridges	Well No. 104	Pool Name, including Formation Vacuum Abo, North	Kind of Lease State, Leasehold
Location Unit Letter B ; 520 Feet From The North Line and 2120 Feet From The East Line of Section 25 , Township 17S Range 34 E , NMPM, 10a County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Magnolia Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 900, Dallas, Texas		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Box 2105, Hobbs, New Mexico		
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 26	Twp. 17S
	Rge. 34E	Is gas actually connected? Yes	When 7/15/65

If this production is commingled with that from any other lease or pool, give commingling order number: **PC-100**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4/28/65	Date Compl. Ready to Prod. 8/10/65		Total Depth 10,200'		P.B.T.D. 10,193'			
Pool Vacuum Abo, North	Name of Producing Formation Abo		Top Oil/Gas Pay 9212'		Tubing Depth 9,087'			
Perforations 9,212-9,300' (8 holes)					Depth Casing Shoe 10,200'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		365'		300			
12 1/4"	9 5/8"		5,000'		5,125			
8 3/4"	7 "		10,200'		1,375			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 7/15/65	Date of Test 8/11/65	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 97	Oil-Bbls. 74	Water-Bbls. 23	Gas-MCF 114

GOR 1540 Gty. 40.0 @ 60°

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Group Supervisor

8/12/65

OIL CONSERVATION COMMISSION

APPROVED _____, 19

BY _____

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

DEVIATION TESTS

AUG 13 11 50 AM '65

Socoxy Mobil Oil Company, Inc.

State Bridges #104
Unit B, Sec. 25,
T-17S, R-34E, Lea
County, New Mexico

<u>Depth</u>	<u>Degree Off Vertical</u>	<u>Depth</u>	<u>Degree Off Vertical</u>
115	1/4	4,800	3 1/2
365	1/2	4,857	3
844	1/4	4,905	3
1,284	1	4,951	3
1,692	1/2	5,000	3
2,180	3/4	5,036	3
2,550	1 1/2	5,175	2 1/2
2,720	3/4	5,270	2 1/2
3,250	1 1/2	5,380	2 3/4
3,318	1 3/4	5,475	2 3/4
3,347	2	5,560	2 1/4
3,377	2 1/4	5,660	2 1/4
3,410	2 3/4	5,856	2
3,440	3 1/4	6,293	1
3,482	4	6,656	1
3,531	3 1/2	6,865	1
3,576	3 1/4	7,025	1 1/4
3,600	3 1/4	7,690	1 1/2
3,620	3 1/4	8,170	1 3/4
3,680	3	8,350	1 1/4
3,719	2 3/4	8,550	1/2
3,750	2	8,755	3/4
3,785	2 1/4	9,060	3/4
3,820	2	9,498	3/4
3,916	2	9,818	1/2
3,990	2	10,063	3/4
4,076	2	10,195	3/4
4,185	1 1/4		
4,278	1 1/4		
4,495	1 1/4		
4,590	1 3/4	10,200 TD	
4,685	3		
4,732	2 3/4	10,193 PB	

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

E. J. Kannon
Group Supervisor

SUBSCRIBED and Sworn to before me, a Notary Public in and for Lea County, State of New Mexico this 19th day of July, 1965.

Walter M. [Signature]
Notary Public