## NO. OF COPIES RECEIVED DISTRIBUTION EW MEXICO OIL CONSERVATION COMMISSIO Form C -104 SANTA FE Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE Effective 1-1-65 FILE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS. C. C. U.S.G.S. LAND OFFICE HAY 25 11 18 M '66 OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE Socony Mobil Oil Company, Inc. Address P. O. Box 633, Midland, Texas - 79701 Reason(s) for filing (Check proper box) Other (Please explain) X Recompletion Oil Dry Gas Casinghead Gas Condensate Change in Ownership If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Els (aum - i.e. + inip k 3/6) Well No. Pool Name, Including Formation Kind of Lease Vacuum Lease No. State, Federal or Fee B-1520 No. Abo. WC & Upper Penn. 109 State State-Bridges ; 1830 Feet From The West Line and 610 South N \_ Feet From The \_ 34-E , NMPM County Line of Section Township 17-S Range Lea III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil 🗶 Address (Give address to which approved copy of this form is to be sent) P. O. Box 900, Dallas, Texas Address (Give address to which approved copy of this form is to be sent) Magnolia Pipe Line Company Name of Authorized Transporter of Casinghead Gas Phillips Building, Odessa, Texas Phillips Petroleum Company Twp. Rge. Is gas actually connected? Unit Sec. If well produces oil or liquids, give location of tanks. R 26 Yes 4-19-66 17-S 34-E If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well Workover Same Res'v. Diff. Res'v. New Well Plug Back Designate Type of Completion - (X) Х X Total Depth Date Compl. Ready to Prod. P.B.T.D. 5:00 A.M. 1-19-66 12,470 4-19-66 <u> 10,276</u> Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Wolfcamp (10,029-49) 9,978 Depth Casing She 10,029, 31, 33, 35, 37, 41, 43, 45, 47, 49 w/lJSP/F (Total 10 Holes) 10,366 TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE DEPTH SET SACKS CEMENT 17-1/2" 13-3/8" 365**'** 350 Sax Incor. Neat-Circ 12-1/4" 9**-**5/8" 49801 3100 Sax Incor Near 7" Liner 8-3/4" 10,079 500 Sax Inferno Neat 725 Sax Trinity Light Wt. V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or he for full 24 hours)

MI, WELL					
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pum	Producing Method (Flow, pump, gas lift, etc.)		
April 19, 1966	4-19-66	Flowing			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
24 Hours	500#	Packer	18/64"		
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas - MCF		
288	288	-0-	1,340		

**GAS WELL** Bbls. Condensate/MMCF Actual Prod. Test-MCF/D Length of Test

Gravity of Condensate Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Choke Size

## VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

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.

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		P		<i></i>	
T.	A. Payne	 Signature)	7		
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May 20, 1966 (Date)

## OIL CONSERVATION COMMISSION

APPROVED		, 19
<b>BY</b>	`	
-	- 5:54-7	

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 MULE 111.

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

Fill out only Sections I, II, III, and VI 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.