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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

HOBBS OFFICE O. C. C.
DEC 29 3 44 PM '65

| | |
|--|---|
| Operator Socony Mobil Oil Company, Inc. | |
| Address Box 1800, Hobbs, New Mexico | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: |
| Improvement <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of ownership give name
and address of previous owner

| | | | |
|-----------------------------------|-----------------|---|--|
| H. DESCRIPTION OF WELL AND LEASE | | VACUUM-WOLFCAMP R-3043 | |
| Well Name State Bridges 5 to 6 | Well No. 108 | Pool Name, Including Formation Vacuum Wolfcamp | Kind of Lease State, Federal or Fee State |
| Location | | | |
| Unit Letter F | 2130 | Feet From The North | Line and 1980 |
| Line of Section 25 | | Township 17-S | Range 34-E |
| | | NMPM, | Lea |
| | | County | |

| | | | |
|--|--------------|--|----------------------------------|
| I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | |
| Name of 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) | |
| Magnolia Pipe Line Company | | Box 900, Dallas, Texas | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | | Address (Give address to which approved copy of this form is to be sent) | |
| Phillips Petroleum Co. | | Box 2105, Hobbs, New Mexico | |
| If well produces oil or liquids, give location of tanks. | Unit NE/4 | Sec. 26 | Twp. 17-S |
| | | Rge. 34-E | Is gas actually connected? No |
| | | When Other Two Prod. Zones are comp. (Abo & Penn) | |

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

| | | | | | | | | | |
|--|---|-------------------------|----------|----------------------|----------|--------|-----------|--------------|---------------|
| IV. COMPLETION DATA | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'tv. | Diff. Res'tv. |
| Designate Type of Completion - (X) | | X | | X | | | | | |
| Date Spudded 10-18-65 | Date Compl. Ready to Prod. 12-27-65 | Total Depth 10200 | | P.B.T.D. 10130 | | | | | |
| Pool Vacuum | Name of Producing Formation Wolfcamp | Top Oil/Gas Pay 9846 | | Tubing Depth 9792 | | | | | |
| Performances 9846-52, 9860, 66, 69, 79, 92, 94, 97, 9900, 9902, 9905, 9923, 25, 30, 32, 36, 39, 41, 43 w/1 SPF Total 20 holes. | | Depth Casing Shoe | | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | | SACKS CEMENT | | | | | |
| 17-3/4" | 13-3/8" | 365 | | 300 sx. | | | | | |
| 12-1/4" | 9-5/8" | 5000 | | 2600 sx. | | | | | |
| 8-3/4" | 7" Liner | 10200 | | 1250 sx. | | | | | |

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 be for full 24 hours)

| | | | |
|---|--------------------------|--|----------------------|
| Date First New Oil Run To Tanks 12-26-65 | Date of Test 12-27-65 | Producing Method (Flow, pump, gas lift, etc.) Flowing | |
| Length of Test 24 hours | Tubing Pressure 600# | Casing Pressure Packer | Choke Size 17/64" |
| Actual Prod. During Test 223 | Oil-Bbls. 223 | Water-Bbls. None | Gas-MCF 350 |

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

| | |
|-----------------------------|----|
| 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.

E. J. Kennon

(Signature)

Group Supervisor

(Title)

December 29, 1965

(Date)