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| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND HOBBS OFFICE O.C.C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
APR 6 3 18 PM '66

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

I. OPERATOR

Socony Mobil Oil Company, Inc.

P. O. Box 633, Midland, Texas

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | |
|--|-----------------|---|--|
| Lease Name State Bridges State | Well No. 111 | Pool Name, Including Formation Vacuum Glorieta | Kind of Lease State, Federal or Fee State |
| Location | | | |
| Unit Letter F | 2310 | Feet From The North | Line and 1860 |
| Line of Section 25 | | Township 17-S | Range 34-E |
| | | NMPM, | Lea 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 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) P. O. Box 2105, Hobbs, New Mexico | | |
| If well produces oil or liquids, give location of tanks. | Unit SE/4 | Sec. 25 | Twp. 17-S |
| | | | Rge. 34-E |
| | | | Is gas actually connected? Yes |
| | | | When 3-31-66 |

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

IV. COMPLETION DATA

| | | | | | | | | |
|--------------------------------------|--|-----------------------------------|--|-----------------------------------|---|------------------------------------|--------------------------------------|---------------------------------------|
| Designate Type of Completion - (X) | Oil Well <input checked="" type="checkbox"/> | Gas Well <input type="checkbox"/> | New Well <input checked="" type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res'y. <input type="checkbox"/> | Diff. Res'y. <input type="checkbox"/> |
| Date Spudded 3-8-66 | Date Com'd. Ready to Prod. 3-31-66 | | Total Depth 6190 | | P.B.T.D. 6152 | | | |
| Pool Vacuum Glorieta | Name of Producing Formation Glorieta | | Top Oil/Gas Pay 5982 | | Tubing Depth 6061 | | | |
| Perforations 5982-6033 | | | | | Depth Casing Shoe 6190 | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE 12-1/4" 8-3/4" | CASING & TUBING SIZE 9-5/8" 7" 2-3/8" | | DEPTH SET 1585 6190 6061 | | SACKS CEMENT 900 sx Incon Neat 1800 sx Incon Neat | | | |

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 3-31-66 | Date of Test 3-31-66 | Producing Method (Flow, pump, gas lift, etc.) Flow | |
| Length of Test 24 hours | Tubing Pressure 100# | Casing Pressure 10# | Choke Size 24/64" |
| Actual Prod. During Test 224 | Oil-Bbls. 224 | Water-Bbls. None | Gas-MCF 82 |

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.

T. A. Payne
(Signature) T. A. Payne
Senior Clerk
(Title)
April 4, 1966
(Date)

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.