

REQUEST FOR (OIL) - (GAS) ALLOWABLE Dual ~~XXXXXX~~  
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 QUADRUPPLICATE to the same District Office to which Form C-104 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 June 20, 1960  
(Place) (Date)

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

Socony Mobil Oil Company, Inc. E. O. Carson, Well No. 20, in SE 1/4 SW 1/4,  
(Company or Operator) (Lease)

N Unit Letter, Sec. 28, T. 21S, R. 37E, NMPM, Paddock Pool  
Lea Started to dual complete Dually

County. Date Spudded 5-10-60 Date Being Completed 6-5-60

Please indicate location:

Elevation 3463' Total Depth 7709' PBD 7431'

Top Oil/Gas Pay 5123' Name of Prod. Form. Glorieta

PRODUCING INTERVAL -

Perforations 5182-5210, 5144-5150, 5123-5130

Open Hole - Depth Casing Shoe 7709 Depth Tubing 5167

OIL WELL TEST -

Natural Prod. Test: bbls. oil, bbls water in hrs, min. Size Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 70 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size Choke 18/64"

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): Acidized with 3000 gals.

Casing Press. 785 Tubing Press. 250 Date first new oil run to tanks 6-16-60

Oil Transporter Shell Pipe Line Company

Gas Transporter Skelly Oil Company

Remarks: Gravity 36° @ 60° API 1071.

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 District Superintendent

Send Communications regarding well to:

Name Socony Mobil Oil Company, Inc.

Address Box 2406, Hobbs, New Mexico.

Title \_\_\_\_\_