

REQUEST FOR (OIL) - (GAS) ALLOWABLE

Dual

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 QUADRUPLICATE to the same District Office to which Form C-101 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. C. Carson, Well No. 20, in SE 1/4 SW 1/4,
(Company or Operator) (Lease)

N 28 Sec. 28 T. 21S R. 37E, NMPM., Wants Abo Pool

Lea

Started to Dual Complete Dually

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

Please indicate location:

Elevation 3463' Total Depth 7709' PBD 7431'

Top Oil/Gas Pay 7065 Name of Prod. Form. Abo

PRODUCING INTERVAL -

Perforations 7203, 7216, 7143, 7129, 7121, 7117, 7094, 7089, 7085, 7073, 7069,

Open Hole - Depth 7709 Depth Casing Shoe 7083 7065

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 162 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size 16/64"

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): Acid w/8,000 Gals. SOF w/2,000 gals.

Casing Tubing Date first new Press. Pkr. Press. 1833 oil run to tanks 6-18-60

Oil Transporter Magnolia Pipe Line Company

Gas Transporter Skelly Oil Company

Remarks: Gravity 40.7° @ 60°. GOR 1833

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)

(Signature)

Title: District Superintendent

Send Communications regarding well to:

Name: Socony Mobil Oil Company, Inc.

Address: Box 2406, Hobbs, New Mexico.