

REQUEST FOR (QUAD) - (GAS) ALLOWABLE

New Well
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-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

4-4-61

(Place)

(Date)

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

Socony Mobil Oil Company, Inc. G. Hardy Well No. 3 in NE 1/4 NW 1/4,
(Company or Operator) (Lease)

C. Sec. 29 T. 21S R. 37E NMPM., Blinebry Pool
Unit Letter

Lea

County. Date Spudded. 7-27-60

Date ~~Spudded~~ Completed 12-5-60

Please indicate location:

Elevation _____ Total Depth 6650 PBD 6260

Top Oil/Gas Pay 5575 Name of Prod. Form. Blinebry

PRODUCING INTERVAL -

Perforations 5575', 5598', 5623', 5641', 5658', 5700', 5718', 5749', 5854'

Open Hole _____ Depth _____
Casing Shoe 6650 Depth 5877
Tubing _____

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Choke Size _____

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: 2024 MCF/Day; Hours flowed 6 Hrs

Choke Size 17/64 Method of Testing: Back Pressure

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 50FW/45,000 gals. acid with 2500 gals.

Casing Tubing _____ Date first new
Press. 3000 Press. _____ oil run to tanks 12-5-60

Oil Transporter Magnolia Pipe Line Company

Gas Transporter Northern Natural Gas Company

Remarks: Flowed 45 bbls dist, GOR 11,244, Qty. 65.2, CP 1650

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: _____

By: _____
(Signature)

Title _____

Title Senior Clerk
Send Communications regarding well to:

Name Socony Mobil Oil Company, Inc.

Address Box 2406, Hobbs, New Mexico.