

REQUEST FOR (OIL) - ~~(GAS)~~ ALLOWABLE

XXXXXXXXXX
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

2-13-61

(Place)

(Date)

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

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

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

Lea County Date Spudded 7-27-60 Date Re ~~Completed~~ Completed 11-18-60

Please indicate location:

Elevation Total Depth 6650 PBD 6260

Top Oil/Gas Pay 6022 Name of Prod. Form. Tubb

PRODUCING INTERVAL -

Perforations 6022-6060, 6170, 6185, 6191, 6207, 6232, 6240

Open Hole - Depth 6650 Depth 6006
Casing Shoe Tubing

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): 4 bbls oil, 7 bbls water in 24 hrs, min. Size 25/64" Choke

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: 39 MCF/Day; Hours flowed 24

Choke Size 25/64" Method of Testing: Flowed by Intermittent - 4 3/4 hrs. kicks

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand):

SOF 17,500 gals. Acid 1500 gals

Casing Tubing Date first new Press. Press. oil run to tanks 2/12/61

Oil Transporter Magnolia Pipe Line Company

Gas Transporter

Remarks: Gty. 39.8, GOR 9750, TP 750-30#, CP Pkr.

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)

By: Title District Superintendent

Send Communications regarding well to:

Title

Name Socony Mobil Oil Company, Inc.

Address P. O. Box 2406, Hobbs, New Mexico