

REQUEST FOR (OIL) - (GAS) ALLOWABLE

~~RECOMPLETION~~
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 October 20, 1960
(Place) (Date)

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

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

F, Sec. 29, T. 21S, R. 37E, NMPM., Penrose Skelly Pool
Unit Letter

Lea County Date ~~Started~~ Commenced 8-28-60 Date ~~Started~~ Completed 10-18-60

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Elevation 3496' Total Depth 6644' FBTD 3798'

Top Oil/Gas Pay 3743 Name of Prod. Form. Grayburg

PRODUCING INTERVAL -

Perforations 3743', 3747', 3756', 3763', 3777', & 3787'

Open Hole Depth Casing Shoe 6444' Depth Tubing 3794'

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): 8 bbls. oil, 104 bbls water in 24 hrs, min. Size 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: 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):

Sand Frac w/8862 gallons of Jelled wtr. + 24,800# Sand

Casing Tubing Date first new Press. - Press. 4000 oil run to tanks 10-18-60

Oil Transporter Shell Pipe Line Company

Gas Transporter Warren Petroleum Company

Remarks: Gty. 30.6° @ 60°, GOR 14,500

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 Producing Superintendent
Send Communications regarding well to:

Name: Socony Mobil Oil Company, Inc.

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

By: *[Signature]*
Title _____