

REQUEST FOR (OIL) - (~~GAS~~) ALLOWABLE ~~Dually~~ ~~XXXXXX~~
HOBBS OFFICE OCC 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 July 22, 1960
(Place) (Date)

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

Socony Mobil Oil Company, Inc. C. Hardy, Well No. 6-UT, in NW 1/4 NW 1/4,
(Company or Operator) (Lease)

D, Sec. 29, T. 21S, R. 37E, NMPM., Paddock Pool
Unit Letter

Lea

Started Dually Completion Date Drilling Completed 7-20-60
County: ~~San Juan~~ 4-15-60

Please indicate location:

D 660.660	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Elevation 3502 Total Depth 6660 PBT -

Top Oil/Gas Pay 5203 Name of Prod. Form. Paddock

PRODUCING INTERVAL -

Perforations 5203

Open Hole - Depth Casing Shoe 6650 Depth Tubing 5246

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): 34 bbls.oil, 1 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): Acidized w/500 gals 15%

Casing Tubing Date first new Press. Pkr Press. 3000 oil run to tanks 7-19-60

Oil Transporter Shell Pipe Line Company

Gas Transporter

Remarks: Gravity 32.8° @ 60°, GOR 928.

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)

By: (Signature)

OIL CONSERVATION COMMISSION

Title District Superintendent

Send Communications regarding well to:

Name Socony Mobil Oil Company, Inc.

Address Box 2406, Hobbs, New Mexico

Title