

# REQUEST FOR (OIL) - (GAS) ALLOWABLE

~~NEW~~  
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  
(Place)

1-18-61  
(Date)

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

Socony Mobil Oil Company, Inc. E. O. Carson, Well No. 2, in NW  $\frac{1}{4}$ , NW  $\frac{1}{4}$ ,  
(Company or Operator) (Lease)

D Unit Letter, Sec. 33, T. 21S, R. 37E, NMPM, Drinkard Pool

Lea County. Date Spudded 9-20-60 Date Drilling Completed 10-5-60

Please indicate location:

Elevation 3476 Total Depth 7915 PBD 7607  
Top Oil/Gas Pay 6519 Name of Prod. Form. Drinkard

## PRODUCING INTERVAL -

Perforations 6589-90, 6575-76, 6564-65, 6544-45, 6528-29, 6519-20

Open Hole - Depth - Casing Shoe 7915 Depth - Tubing 6493

## 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): 3 bbls. oil, 0 bbls water in 24 hrs, - min. Size 20/64" 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: - 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 1500 gals. 15% NEM, SOF 5000 gals. +10000# sd., 5000 gals. retarded Acid.

Casing - Tubing - Date first new 1-11-61  
Press. 3200 Press. - oil run to tanks

Oil Transporter Magnolia Pipe Line Company

Gas Transporter Skelly Oil Company

Remarks: Gty. 42° @ 60°. GOR 176,667/1. TP 800#, 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)

Title District Superintendent

Send Communications regarding well to:

Name Socony Mobil Oil Company, Inc.

Address Box 2406, Hobbs, New Mexico

By: [Signature]

Title -