

# REQUEST FOR (OIL) - (GAS) ALLOWABLE

~~New Oil~~  
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 November 3, 1960  
(Place) (Date)

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

Socony Mobil Oil Company, Inc. E. O. Carson Well No. 11, in SW 1/4 NE 1/4,  
(Company or Operator) (Lease)

G, Sec. 33, T. 21S, R. 37E, NMPM., Paddock Pool  
Unit Letter

Lea

Please indicate location:

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

2051

County. Date Started 10-25-60 Date ~~Spurred~~ Completed 10-31-60  
Elevation 3459' Total Depth 6595' PETD 5255'

Top Oil/Gas Pay 5129' Name of Prod. Form. Glorietta

PRODUCING INTERVAL -

Perforations 5129', 5176' & 5210'

Open Hole " Depth 6595' Depth Casing Shoe 5040'

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): 124 bbls. oil, 57 bbls water in 24 hrs, - min. Size 24/64" 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): 900 gals 15% Reg + 2800 gals 15% Non-Emulsion Acid

Casing 9 5/8" Tubing 3100 Date first new Press. Pkr Press. 3100 oil run to tanks 11-2-60

Oil Transporter Shell Pipe Line Company

Gas Transporter Skelly Oil Company

Remarks: Gty 36.7°, GOR. 2258, TP 100-160, CP Pkr.

*Cancel District Allowable*

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]*  
(Signature)

OIL CONSERVATION COMMISSION

Title District Superintendent

Send Communications regarding well to:

Name Socony Mobil Oil Company, Inc.

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

By: *[Signature]*  
Title