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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

I.

Name of Operator Socorey Mobil Oil Company, Inc.	
Address Box 1800, Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name E. O. Carson	Well No. Pool Name, including Formation 15 Paddock	Kind of Lease State, Federal or Fee Fee
Location		
Unit Letter C	731 Feet From The North Line and 2051 Feet From The West	
Line of Section 33	Township 21S Range 37E	NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Shell Pipe Line Corporation	Box 1910, Midland, Texas	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Skelly Oil Company	Box 1135, Eunice, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit D Sec. 33 Twp. 21S Rge. 37E	Is gas actually connected? Yes When 6/28/65

If this production is commingled with that from any other lease or pool, give commingling order number: **R-2079**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded -	Date Compl. Ready to Prod. 6/28/65		Total Depth 7769'		P.B.T.D. 5231'			
Prod. Paddock	Name of Producing Formation Paddock		Top Oil/Gas Pay 5176'		Tubing Depth 5131'			
Perforations 5176 - 5231 (31 holes)					Depth Casing Shoe 7769'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		290		250			
12 "	8 5/8"		2865'		1250			
7 7/8"	5 1/2"		7769'		665			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 6/9/65	Date of Test 6/28/65	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 200	Casing Pressure Pkr.	Choke Size 17/64"
Actual Prod. During Test 23 bbls.	Oil-Bbls. 16	Water-Bbls. 7	Gas-MCF 282

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the Best of my knowledge and belief.

J. J. McDaniel
(Signature)

Group Supervisor

(Title)

6/29/65

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY **Joe L. Starnes**

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.