

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR ~~WELL~~ (GAS) ALLOWABLE

New Well
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 G-104 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 19, 1961

(Place)

(Date)

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

Socony Mobil Oil Company, Inc. Carrigan Gas Unit, Well No. **7 T**, in **NE** $\frac{1}{4}$ **SE** $\frac{1}{4}$,

(Company or Operator) **Socony Mobil Oil Company, Inc.** (Lease) **37-B**, T. **21-S**, R. **37-B**, NMPM., **Tabb** Pool
Unit Letter **10a**, Sec. **33**

County. Date Spudded **-** Date Drilling Completed **-**
Elevation **3449** Total Depth **7446** PBTD **7387**

Please indicate location:

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

Top ~~Oil~~/Gas Pay **6018** Name of Prod. Form. **Tabb**

PRODUCING INTERVAL -

Perforations **6018-6030, 6079-6208**

Open Hole **-** Depth **7446** Depth Casing Shoe **7446** Depth Tubing **6063**

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 Choke load oil used): _____ bbls.oil, _____ bbls water in _____ hrs, _____ min. Size _____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
13 3/8	321	250
8 5/8	3810	875
5 1/2	7446	850

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: **1970** MCF/Day; Hours flowed **24**

Choke Size **24/64** Method of Testing: **Flow**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **30,000 gals. refined oil + 60,000# 20-40 sand + 750# Mark II Adomite + 500 gals. HEN Acid + 550 ball sealers**

Casing Press. **-** Tubing Press. **4500** Date first new oil run to tanks **-**

Oil Transporter **Magnolia Pipe Line Company**

Gas Transporter **Northern Natural Gas Co.**

Remarks:

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)

Senior Clerk

Title _____
Send Communications regarding well to:

Name **Socony Mobil Oil Company, Inc.**

Address **Box 2406, Hobbs, New Mexico**