NO. OF COPIES SECURYES DISTRIBUTION SANTA FE FILE u.s.G.s. LAND OFFICE OIL TRANSPORTER OPERATOR PROPATION OFFICE

New Well

Location

NEW MEXICO OIL CONSERVATION COMMISSION Supersedes Old C-104 and C-110 Effective 1-1-65 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Socony Mobil Oil Company, Inc. Box 1800, Hobbs, New Mexico Other (Please explain) Reason(s) for filing (Check proper box) Change in Transporter of: Dry Gas Hecompletion Change in Ownerchip Casinahead Gas Condensate If change of ownership give name and address of previous owner. II. DESCRIP<mark>TION OF WELL AND LEASE</mark> Well No. Pool Name, Including Formation Kind of Lease State, Federal or Fee Drinkard Fee D. A. Williamson 1 760 Feet From The **East** Line and _ 660 Feet From The North 660 Unit Letter 37E REFECTIVE JANUARY 31, 1977, Lea County 23 21**S** Range Line of Section , Township **EKELLY OIL COMPANY MERGED** II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS INTO CETTY OIL COMPANY of this form is to be sent; Name of Authorized Transporter of Cil X Box 1510, Midland, Texas Texas New Mexico Pipe Line Company Address (Give address to which approved copy of this form is to be sent) Hame of Authorized Transporter of Casinghead Gas or Dry Gas Box 1135, Eunice, New Mexico Skelly Oil Company Is gas actually connected? Twp. Rge. If well produces oil or liquids, NE/4 | 23 215 37E Yes 1-13-65 Applied for If this production is commingled with that from any other lease or pool, give commingling order numbers V. COMPLETION DATA Same Res'v. Diff. Res'v. Deeper Plug Back Workover Oil Well Designate Type of Completion - (X) 1 X Date Compl. Ready to Prod. P.B.T.D. Date Spudded Total Depth 1-20-65 6902 7055 8-22-52 Tubing Depth Top Oil/Gas Pay Name of Productio 6443 Drinkard 6464 Drinkard Depth Cusing Shoe 7055 6464-6594 TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 323 13 3/4 9 7/8 10 3/4 250 7 5/8 3180 1253 5 1/2 liner $6 \ 3/4$ 7055 425 (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OH, WELL
Date First New Oil Run To Tanks Producing Method (Flow, pump, gas lift, etc.) Date of Test Flow 1-13-65 1-20-65 Choke Size Casing Pressure Length of Test Tubing Pressure 0 15/64" 24 hrs. 540 Water - Bbls. Gas - MCF Actual Prod. During Test Oil-Bbls. 56 0 116 116 GAS WELL Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test-MCF/I Length of Test Choke Size Tubing Pressure Casina Pressure To sting Method (pitot, back pr.) OIL CONSERVATION COMMISSION I hereby certify that the rules and regulations of the Oil Conservation

VI. CERTIFICATE OF COMPLIANCE

Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

ervisor

(Title)

January 26, 1965 (Date)

APPROVE	0	· · · · · · · · · · · · · · · · · · ·	, 19	
BY.				
TITLE	_			

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

If this is a request for allowable for a newly drilled or deep ned 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.