

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (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 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

4/11/60

(Place)

(Date)

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

Socony Mobil Oil Company, Inc.

Well No. 9, in NW 1/4 NE 1/4,

(Company or Operator)

(Lease)

B, Sec. 9, T. 22, R. 37, NMPM, Hare Pool

Unit Letter

Lea

County. Date Spudded 9/30/45

Date Drilling Completed 1/9/46

Elevation 3436'

Total Depth 7881 FBTD 7738

Please indicate location:

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

Top Oil/Gas Pay 7357

Name of Prod. Form. McKee

PRODUCING INTERVAL -

Perforations 7375 & 7456

Open Hole Depth 7881 Casing Shoe 7881 Depth Tubing 7645

OIL WELL TEST -

Natural Prod. Test: - bbls. oil, - bbls. water in hrs, min. Size

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 100 bbls. oil, 0 bbls. water in 16 hrs, - min. Size 12/64

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
13 3/8	1100'	800
9 5/8	4600	400
7	7881	825

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): 500Gal 15% Acid

Casing Press. 0 Tubing Press. 800 Date first new oil run to tanks 4-9-60

Oil Transporter Magnolia Pipe Line Company

Gas Transporter Skelly Oil Company

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

(Company or Operator)

OIL CONSERVATION COMMISSION

By: [Signature]

Title: [Signature]

By: [Signature]

(Signature)

Title: District Superintendent

Send Communications regarding well to:

Name: Socony Mobil Oil Company, Inc.

Address: Box 2406, Hobbs, New Mexico