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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-110
Effective 1-1-65

I. Operator
Socony Mobil Oil Company, Inc.
Address
Box 1800, Hobbs, New Mexico
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name **Brunson Argo** Well No. **10** Pool Name, including Formation **Drinkard** Kind of Lease
State, Federal or Fee **Fee**
Location
Unit Letter **G** **1880** Feet From The **North** Line and **1971** Feet From The **East**
Line of Section **9** , Township **22 S** Range **37E** , NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Magnolia Pipe Line Company Address (Give address to which approved copy of this form is to be sent)
Box 900, Dallas, Texas
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Skelly Oil Company Address (Give address to which approved copy of this form is to be sent)
Box 1135, Eunice, New Mexico
If well produces oil or liquids, give location of tanks. Unit **A&B** Sec. **9** Twp. **22S** Rge. **37E** Is gas actually connected? **Yes** When **6/1/65**

If this production is commingled with that from any other lease or pool, give commingling order number: **PG-163**

IV. COMPLETION DATA
Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☒ Deepen ☐ Plug Back ☒ Same Res'v. ☐ Diff. Res'v. ☒
Date Spudded **-** Date Compl. Ready to Prod. **6/1/65** Total Depth **7901'** P.B.T.D. **7040'**
Pool **Drinkard** Name of Producing Formation **Drinkard** Top Oil/Gas Pay **6412** Tubing Depth **6398'**
Perforations **6412-6559** Depth Casing Shoe **7901'**

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/4"	13 3/8"	1106	1200
12 1/4"	9 5/8"	3980	400
7 7/8"	5 1/2"	7901	750

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 5/17/65	Date of Test 6/3/65	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 235	Casing Pressure Pkr.	Choke Size 22/64"
Actual Prod. During Test 12	Oil - Bbls. 11	Water - Bbls. 1 Acid Water	Gas - MCF 552

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

C. L. Mayers
(Signature)
Group Supervisor
(Title)
6/4/65
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 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 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 multiple