

REQUEST FOR (OIL) - (GAS) ALLOWABLE

~~Recompletion~~
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 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
(Place)

May 13, 1960
(Date)

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

Socony Mobil Oil Company, Inc. Brunson-Argo, Well No. 10, in S W 1/4, N E 1/4,
(Company or Operator) (Lease)

Q, Sec. 9, T. 22S, R. 37E, NMPM, Hare Pool
Unit Letter

Recompletion Commenced May 8, 1960 Recompilation Completed May 11, 1960
County Date

Elevation 3448 Total Depth 7901 PSTD 7542

Please indicate location:

D	C	B	A
	1880		
E	F	G	H
		10	197T
L	K	J	I
M	N	O	P

Top Oil/Gas Pay 7338 Name of Prod. Form. McKee Sand

PRODUCING INTERVAL -

Perforations 7338, 7378, 7410 & 7404

Open Hole - Depth 7901 Casing Shoe 7295

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): 202 bbls. oil, 19.5 bbls water in 24 hrs, - min. Size 20/60

GAS WELL TEST -

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

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): Acidize w/500 gals 15% Non-Emulsion

Casing Tubing Date first new May 11, 1960
Press. Pkr. Press. 250 oil run to tanks

Oil Transporter Magnolia Pipe Line Company

Gas Transporter Skelly Oil Company

Remarks: Gr. 39° @ 60°, GOR 802/1

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)

By: _____
(Signature)

OIL CONSERVATION COMMISSION

By: _____
Engineer District

Title: District Superintendent

Send Communications regarding well to:

Name: Socony Mobil Oil Company, Inc.

Address: Box 2406, Hobbs, New Mexico

Title: _____