

# REQUEST FOR (GTE) - (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 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

September 12, 1963

(Place)

(Date)

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

**Socony Mobil Oil Company, Inc.** **Brumson Area**, Well No. **13**, in **NE**  $\frac{1}{4}$  **NE**  $\frac{1}{4}$ ,

(Company or Operator)

(Lease)

**A**, Sec. **9**, T. **22 S**, R. **37 E**, NMPM., **Elinebry** Pool

Unit Letter  
**Lea**

County. Date Spudded **4/12/47**

Date Drilling Completed **5/28/47**

Elevation **3427** Total Depth **6580** PBTD **6190**

Please indicate location:

Top Oil/Gas Pay **5480** Name of Prod. Form. **Elinebry**

## PRODUCING INTERVAL -

Perforations **5480 - 5624**

Open Hole **-** Depth **6580** Depth Casing Shoe **6580** Depth Tubing **-**

## 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
<b>13 3/8"</b>	<b>306</b>	<b>300</b>
<b>8 5/8"</b>	<b>3817</b>	<b>1000</b>
<b>5 1/2"</b>	<b>6580</b>	<b>450</b>

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

Test After Acid or Fracture Treatment: **2283** MCF/Day; Hours flowed **24**

Choke Size **24/64** Method of Testing: **Orifice Meter - 1 point back pressure**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **1000 gal 15% NE Acid + Sand Oil Frac 40,000 gals + 40,000# 20-40**

Casing **Ottawa Sand + 1000# Mark II Addomite + 21 RCN Fall Sealers.** Date first new  
Press. **300** Press. **-** oil run to tanks **8/18/63**

Oil Transporter **Magnolia Pipe Line Company**

Gas Transporter **Northern Natural Gas Company**

Remarks: **Flowed 40 bbl. Distillate + 20 bbl. GOR 57,063, Gty. 40.**

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved **SEP 12 1963**, 19.

**Socony Mobil Oil Company, Inc.**

(Company or Operator)

By:

(Signature)

Title **Group Supervisor**

Send Communications regarding well to:

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

Address **Box 1800, Hobbs, New Mexico**

OIL CONSERVATION COMMISSION

By:

Title