

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

4 - OCC, Aztec
1 - Midland
1 - Houston
1 - File

New York
Recompletion

NUMBER OF COPIES RECEIVED	
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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	

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) 4-11-63 (Date)

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

Tidewater Oil Co., N. L. Wright, Well No. _____, in NW 1/4 NE 1/4, B, Sec. 13, T. 30N, R. 12W, NMPM, Basin Dakota Pool

San Juan County, Date Spudded 12-13-62, Date Drilling Completed 1-11-63

Please indicate location:

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

Elevation 5590 Gr., Total Depth 6732 PBD 6697

Top Oil/Gas Pay 6427 Name of Prod. Form. Dakota

PRODUCING INTERVAL -

Perforations 6427-31, 6487-6513, 6527-6534

Open Hole _____ Depth _____ Casing Shoe 6732 Depth _____ Tubing 6388

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 load oil used): _____ bbls, oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

GAS WELL TEST -

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

(FOOTAGE)
Tubing, Casing and Cementing Record

Size	Feet	Size
8-5/8	309	300
4-1/2	6732	1300
2-3/8	6388	

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

Test After Acid or Fracture Treatment: 1646 MCF/Day; Hours flowed 24

Choke Size 3/4 Method of Testing: One point back pressure

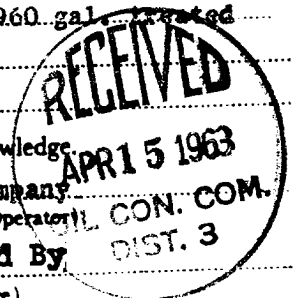
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): See Remarks

Casing Press. _____ Tubing Press. 121 Date first new oil run to tanks Gas Prod.: 2-1-63

Oil Transporter McWood Corp.

Gas Transporter El Paso Natural Gas Co.

Remarks Treated w/ 68 bbls. CaCl₂ water 1%, 500 gal. Spearhead acid, 91,960 gal. treated water & 80,000 sand.



I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved APR 15 1963 _____, 19 _____ Tidewater Oil Company (Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold
Title Supervisor Dist. # 3

By: Original Signed By C. L. Wade

Title: Area Supt.
Send Communications regarding well to:

Name: C. L. Wade

Address: Box 547, Hobbs, N. Mex.

