

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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 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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico 3/6/56
(Place) (Date)

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

Tide Water Assoc. Oil Co. State "N.M." Well No. 1, in SE 1/4 NW 1/4,
(Company or Operator) (Lease)
T. 19-S, R. 31-E, NMPM, Eucrat Gas Pool
Lsa County. Date Spudded 1-21-56, Date Completed 2-25-56

Please indicate location:

	X		

Elevation 3722 Total Depth 3922, P.B.

Top oil/gas pay 3536 Name of Prod. Form Queen

Casing Perforations: 3536-54'; 3736-62'; 3776-99'; 3819-27'; or 3842-59'

Depth to Casing shoe of Prod. String 3922'

Natural Prod. Test None BOPD

based on bbls. Oil in Hrs Mins.

Test after acid or shot BOPD

Based on bbls. Oil in Hrs Mins.

Gas Well Potential 37,000 MCFD ACF

Size choke in inches 2"

Date first oil run to tanks or gas to Transmission system: Tested 3-2-56

Transporter taking Oil or Gas: El Paso Natural Gas Co.

Remarks:

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

Approved _____, 19____

TIDE WATER ASSOCIATED OIL COMPANY
(Company or Operator)

OIL CONSERVATION COMMISSION

By: *[Signature]*

By: *[Signature]*
H.P. Shackelford (Signature)

Title _____

Title Area Superintendent
Send Communications regarding well to:

Name H.P. Shackelford