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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 OFFICE O.P.C.  
FEB 20 1 24 PM '65  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65  
5-OCC  
1-Houston  
1-Midland  
1-File

Operator <b>Tidewater Oil Company</b>	
Address <b>Box 249, Hobbs, New Mexico</b>	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name and address of previous owner

Lease Name <b>State J</b>		Well No. <b>4</b>	Pool Name, including Formation <b>Monument</b>	Kind of Lease <b>State</b>
Location <b>C 660</b>		Feet From The <b>North</b> <b>1980</b> Feet From The <b>West</b>		
Unit Letter <b>C</b>	Feet From The	Line unit	Feet From The	County
Line of Section <b>17</b>	Township <b>19 S</b>	Range <b>37 E</b>	Lea	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>Texas New Mexico Pipe Line Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1510, Midland, Texas</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Warren Petroleum Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Monument New Mexico</b>
If well produces oil or liquids, give location of tanks.	Unit <b>C</b> Sec. <b>17</b> Twp. <b>19</b> Rge. <b>37</b>
Is gas actually connected?	When <b>1954</b>

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

COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input checked="" type="checkbox"/> Same Res'v. <input checked="" type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date <del>XXXX</del> P.B. <b>2-12-65</b>	Date Compl. Ready to Prod. <b>2-19-65</b>
Pool <b>Monument</b>	Name of Producing Formation <b>Grayburg</b>
Perforations <b>3996 - 4005'</b>	Top Oil/Gas Pay <b>3996</b>
	Tubing Depth <b>3990'</b>
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
<b>17"</b>	<b>13"</b>
<b>12"</b>	<b>9-5/8</b>
<b>8-3/4</b>	<b>7</b>
<b>Liner</b>	<b>4 1/2</b>
	DEPTH SET
	<b>213'</b>
	<b>1450</b>
	<b>3905</b>
	<b>Top 3798 - Btm. 4046'</b>
	SACKS CEMENT
	<b>250</b>
	<b>550</b>
	<b>400</b>
	<b>100</b>

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 <b>2-19-65</b>	Date of Test <b>2-21-65</b>
Length of Test <b>24</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flow</b>
Actual Prod. During Test <b>204</b>	Tubing Pressure <b>475</b>
	Casing Pressure <b>Packer</b>
	Choke Size <b>1/4"</b>
	Oil-Bbls. <b>62</b>
	Water-Bbls. <b>142</b>
	Gas-MCF <b>381</b>

GAS WELL	
Actual Prod. Test-MCF/D	Length of Test
Testing Method (pitot, back pr.)	Tubing Pressure
	Casing Pressure
	Choke Size

CERTIFICATE OF COMPLIANCE	OIL CONSERVATION COMMISSION
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.	APPROVED _____, 19 _____
Original Signed By <b>C. L. WADE</b> (Signature) Area Supt. (Title) <b>February 23, 1965</b> (Date)	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 well in production.