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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
5-OCC
1-Midland
1-File

AUG 16 7 39 AM '65

I. OPERATOR

Operator **Tidewater Oil Company**

Address **Box 249, Hobbs, New Mexico**

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

Formerly Gulf's F. W. Kutter F #3

If change of ownership give name and address of previous owner **Gulf Oil Company, Hobbs, New Mexico**

II. DESCRIPTION OF WELL AND LEASE

Lease Name	East Emont Unit	Well No.	64	Pool Name, including Formation	Emont Queen	Kind of Lease	Fee	
Location	Unit Letter C ; 660 Feet From The North Line and 1980 Feet From The West					State, Federal or Fee		
	Line of Section 27 , Township 19 S Range 37 E , NMPM, Lea County							

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Texas New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent)	Box 1510, Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent)	Monument, New Mexico
If well produces oil or liquids, give location of tanks.	Unit G Sec. 27 Twp. 19 Rge. 37	Is gas actually connected?	Yes
		When	1957

IV. COMPLETION DATA

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

Designate Type of Completion - (X)	<input checked="" type="checkbox"/>	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 type="checkbox"/>	Same Res'v.	<input type="checkbox"/>	Diff. Res'v.	<input type="checkbox"/>
Date Spudded		Date Compl. Ready to Prod.		Total Depth		P.B.T.D.											
Pool		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth											
Perforations							Depth Casing Shoe										
TUBING, CASING, AND CEMENTING RECORD																	
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT							

V. 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure	Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.			Gas - MCF		

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF		Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure		Choke Size	

VI. CERTIFICATE OF COMPLIANCE

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.

Original Signed By:
B. M. BREINING
(Signature)
Area Engineer
(Title)
July 13, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

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 pool in multiply completed wells.