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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

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

5 cc: 11000
cc: V. I. Boone
cc: F. H. Lee
cc: File

I. Operator: **TIDEMATER OIL COMPANY**
Address: **P. O. Box 219, Hobbs, New Mexico**
Reason(s) for filing (check proper box):
New Well Change in Transporter of: Oil Dry Gas
Recompletion Gasohol Gas Condensate
Change in Ownership

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	L. F. Harrington "B"	Well No. Well Name, including Formation	1 Justis Ellenburger	State of Lease	State, Federal or Fee	Fee
Location	Unit Letter M 460 Feet from the South side and 230 Feet from the West end of Section 19 , Township 25-S , Range 38-E , NMCM , 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"/>	Shell Pipe Line Co.	Address (Give address to which approved copy of this form is to be sent)	Box 1910, Midland, Texas		
Name of Authorized Transporter of Gasohol Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent)	Box 1387, Dal., New Mex.		
If well produces oil or liquids, give location of tanks.	Unit M Sec. 19 Twp. 25-S Rng. 38-E	Is it actually connected?	Yes	When	1959

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen	String Back	Same Rest'r.	Diff. Rest'r.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	R.S.P.D.	
Pool	Name of Producing Formation	Top Oil/Gas Layer	Casing 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/MCF	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.

C. S. Wade
(Signature)
Area Superintendent
(Title)
March 27, 1967
(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.