

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

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

- 1 - Hobbs
- 1 - Houston
- 1 - Midland
- 2 - Lion Oil Co.

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well  
HOBBS OFFICE 8/29/59

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 QUADRUPPLICATE 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 that the well is completed within the 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) 8/29/59 (Date)

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

Tidewater Oil Company (Company or Operator) L. E. King (Lease), Well No 2, in N. 1/4 S. 1/4, T. 23S., R. 36E., NMPM., Langlie Mattix Pool

Lea County, Date Spudded 5-5-59, Date Drilling Completed 8-17-59  
Elevation 34.5' G.L., Total Depth 3600', PBTD 3700'

Please indicate location:

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

Top Oil/Gas Pay 3658', Name of Prod. Form Langlie Mattix (ucen)

PRODUCING INTERVAL -

Perforations 3658-64', 3671-8', 3690-3702', 3705-12', 3720-26'

Open Hole Depth Casing Sh 3797, Tubing 3631'

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): 17 1/2 bbls. oil, 0 bbls water in 2 1/2 hrs, \_\_\_\_\_ min. Size 1 1/2" Choke

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8	340	325
5-1/2	3797	500
2-3/8	3631	

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

Test After Acid or Fracture Treatment: \_\_\_\_\_ MCF/Day; Hours flowed \_\_\_\_\_

Choke Size \_\_\_\_\_ Method of Testing: \_\_\_\_\_

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

Casing Tubing Date first new Press. Pkr. Press 4200 oil run to tanks 8-20-59

Oil Transporter Texas-New Mexico Pipeline Company

Gas Transporter El Paso Natural Gas Company

Remarks 500 gal. acid, 20,000 gal. refined crude, 45,000 sand.

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

Approved \_\_\_\_\_, 19 \_\_\_\_\_

Tidewater Oil Company (Company or Operator)

OIL CONSERVATION COMMISSION

By: *[Signature]* (Signature)

By: \_\_\_\_\_

Title Area Supt. Send Communications regarding well to:

Title \_\_\_\_\_

Name L. P. Shackelford

Address Box 547 Hobbs, New Mexico

NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO

Form C-110  
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

HOBBS OFFICE OCC

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

1959 AUG 31 AM 8:15

Company or Operator Tidewater Oil Company Lease L. E. King

Well No. 2 Unit Letter S<sub>1</sub> T<sub>23</sub> R<sub>36</sub> Pool Langlie Mattix

County Lea Kind of Lease (State, Fed. or Patented) Patented

If well produces oil or condensate, give location of tanks: Unit S<sub>1</sub> T<sub>23</sub> R<sub>36</sub>

Authorized Transporter of Oil or Condensate Texas-New Mexico Pipeline Company

Address Box 1510 Midland, Texas

(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas El Paso Natural Gas Company

Address Jal, New Mexico

(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

Reasons for Filing: (Please check proper box) New Well  )

Change in Transporter of (Check One): Oil ( ) Dry Gas ( ) C'head ( ) Condensate ( )

Change in Ownership ( ) Other ( )

Remarks: (Give explanation below)

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 28th day of August 1959

Original Signed By:  
H. P. SHACKELFORD

By \_\_\_\_\_

Approved \_\_\_\_\_ 19 \_\_\_\_\_

Title Area Supt.

OIL CONSERVATION COMMISSION

Company Tidewater Oil Company

By [Signature]

Address Box 547 Hobbs, New Mexico

Title \_\_\_\_\_

NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103  
(Rev 3-55)

MISCELLANEOUS REPORTS ON WELLS

HOBBS OFFICE OCC

(Submit to appropriate District Office as per Commission Order 1959/AUG 31 AM 10:21)

Name of Company <b>Tidewater Oil Company</b>		Address <b>Box 547, Hobbs, New Mexico</b>				
Lease <b>E. F. King</b>	Well No. <b>2</b>	Unit Letter <b>L</b>	Section <b>1</b>	Township <b>23S</b>	Range <b>36E</b>	
Date Work Performed <b>8-16-59</b>	Pool <b>Langlie Mattix</b>		County <b>Lea</b>			

THIS IS A REPORT OF: (Check appropriate block)

- Beginning Drilling Operations    
  Casing Test and Cement Job    
  Other (Explain):  
 Plugging    
  Remedial Work

Detailed account of work done, nature and quantity of materials used, and results obtained.

*15 5/8" - J-55*  
 T. D. 3800' Set 5-1/2" casing at 3797' and cemented with 500 sacks regular cement with 1/4# floccs pr sack. ~~Temperature~~ survey shows top of cement behind 5-1/2" casing at 2110'. Tested casing with 1000# for 30 minutes, held.

Witnessed by <i>E. Christensen</i>	Position <b>Field Engineer</b>	Company <b>Tidewater Oil Company</b>
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FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL WELL DATA

D F Elev.	T D	P B T D	Producing Interval	Completion Date
Tubing Diameter	Tubing Depth	Oil String Diameter	Oil String Depth	
Perforated Interval(s)				
Open Hole Interval		Producing Formation(s)		

RESULTS OF WORKOVER

Test	Date of Test	Oil Production BPD	Gas Production MCFPD	Water Production BPD	GOR Cubic feet/Bbl	Gas Well Potential MCFPD
Before Workover						
After Workover						

OIL CONSERVATION COMMISSION		I hereby certify that the information given above is true and complete to the best of my knowledge.	
Approved by <i>[Signature]</i>	Name <i>H. P. [Signature]</i>		
Title <i>[Signature]</i>	Position <b>Area Supt.</b>		
Date	Company <b>Tidewater Oil Company</b>		

NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103  
(Rev 3-55)

MISCELLANEOUS REPORTS ON WELLS

HOBBS OFFICE OCC

(Submit to appropriate District Office as per Commission Order)

1959 AUG 31 AM 10:20

Name of Company <b>Tidewater Oil Company</b>			Address <b>Box 517, Hobbs, New Mexico</b>			
Lease <b>R. F. King</b>	Well No. <b>2</b>	Unit Letter <b>L</b>	Section <b>1</b>	Township <b>23S</b>	Range <b>36E</b>	
Date Work Performed <b>8-6-59</b>	Pool <b>Langlie Mattix</b>			County <b>Lea</b>		

THIS IS A REPORT OF: (Check appropriate block)

- Beginning Drilling Operations    
  Casing Test and Cement Job    
  Other (Explain):  
 Plugging    
  Remedial Work

Detailed account of work done, nature and quantity of materials used, and results obtained.

*per the House Report*  
**T. D. 340'. Set 8-5/8" casing at 334' and cemented with 325 sacks regular cement with 1/4# floccs per sack. Cement circulated. Tested casing with 500# for 30 minutes, hold okay.**

Witnessed by <i>A. B. Mackey</i>	Position <b>Field Foreman</b>	Company <b>Tidewater Oil Company</b>
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FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL WELL DATA

D F Elev.	T D	P B T D	Producing Interval	Completion Date
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Perforated Interval(s)				
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RESULTS OF WORKOVER

Test	Date of Test	Oil Production BPD	Gas Production MCFPD	Water Production BPD	GOR Cubic feet/Bbl	Gas Well Potential MCFPD
Before Workover						
After Workover						

OIL CONSERVATION COMMISSION		I hereby certify that the information given above is true and complete to the best of my knowledge.	
Approved by <i>[Signature]</i>		Name <i>[Signature]</i> <b>Area Superintendent</b>	
Title <i>[Signature]</i>		Position <b>Tidewater Oil Company</b>	
Date		Company	