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	GAS
PRORATION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

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 QUADRUPPLICATE to the same District Office to which Form C-201 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 new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico

January 15, 1962

(Place)

(Date)

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

Tidewater Oil Company
(Company or Operator)

State "AO"
(Lease)

Well No. 1, in NW 1/4 SE 1/4,

R 2, Sec. 2, T. 16S, R. 30E, NMPM., West Henshaw Pool

Eddy

County. Date Spudded 12-30-61 Date Drilling Completed 1-6-62

Please indicate location:

Elevation 3921 D.F. Total Depth 3050 PBD

Top Oil/Gas Pay 2996 Name of Prod. Form. Premier

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

PRODUCING INTERVAL -

Perforations 2996-3008

Open Hole _____ Depth _____ Casing Shoe 3053 Depth _____ Tubing 3053

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): 38 bbls. oil, 0 bbls water in 2 hrs, 18 min. Size 3/8 Choke

GAS WELL TEST -

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

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): 15,000 gal. Humble frac oil & 30,000# 20/40 sand.

Casing _____ Tubing _____ Date first new _____ Press. _____ Press. 150 oil run to tanks 1-13-62

Oil Transporter Permian Corp., Midland, Tex.

Gas Transporter _____

Remarks: Gas is being vented until a gatherer can be secured.

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

Approved JAN 19 1962, 19____

Tidewater Oil Company

(Company or Operator)

T. E. WEAVER

(Signature)

By: _____

Title Area Supt.

Send Communications regarding well to:

Name Thomas E. Weaver

Address Box 547, Hobbs, N. Mex.

OIL CONSERVATION COMMISSION

By: M.L. Armstrong

Title _____