

REQUEST FOR ~~(Oil)~~ - (GAS) ALLOWABLE

New Well
~~Recompletion~~
~~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-101 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.

Albuquerque, New Mexico (Place) 2/12/60 (Date)

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

E. L. Fundingsland (Company or Operator) Tidal Oil Company Well No. 1 - Tidal, in NE 1/4 SE 1/4, I Unit Letter, Sec. 9, T. 27N, R. 12W, NMPM, West Kutz FC Pool

San Juan County. Date Spudded 1/15/60 Date Drilling Completed 1/22/60
Elevation 5797 DF Total Depth 1442 PBD 1442

Please indicate location:

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

Top Oil/Gas Pay 1354 Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 1354 1362 Depth 1442 Depth 1442
Open Hole None Casing Shoe 1442 Tubing 1360

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8	1442	100
2 3/8	1360	

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

Test After Acid or Fracture Treatment: 325 AOP MCF/Day; Hours flowed 3

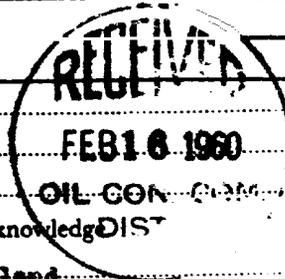
Choke Size 3/4 Method of Testing: Back Pressure

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 50,949 gals. water and 25,000# 20-40 Sand
Casing Tubing Date first new
Press. Press. oil run to tanks

Oil Transporter _____

Gas Transporter El Paso Natural Gas Company

Remarks: _____



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

Approved February 12 1960

E. L. Fundingsland (Company or Operator)

OIL CONSERVATION COMMISSION

By: M. B. JONES (Signature)
Morris B. Jones

By: Original Signed Emery C. Arnold
Supervisor Dist. # _____

Title: Consulting Engineer
Send Communications regarding well to:

Title _____

Name: Morris B. Jones
6605 Rogers N. E.
Address: Albuquerque, New Mexico

