

**NEW MEXICO OIL CONSERVATION COMMISSION**  
Santa Fe, New Mexico

(Form C-104)  
(Revised 7/1/52)

**REQUEST FOR (OIL) - ~~(GAS)~~ ALLOWABLE**

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 QUADRUPLICATE to the same District Office to which Form C-161 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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico June 22, 1955  
(Place) (Date)

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

Tide Water Assoc. Oil Co. State NM, Well No. 1, in SW  $\frac{1}{4}$  NE  $\frac{1}{4}$ ,  
(Company or Operator) (Lease)  
E, Sec. 20, T. 15-S, R. 31-E, NMPM, South Dakota Greens Pool  
(Unit)  
Chaves County. Date Spudded 5-11-55, Date Completed 6-15-55

Please indicate location:

↑ 1980'			
↓ 660'			

Sec. 20-T15S-31E

**Casing and Cementing Record**

Size	Feet	Sax
13-3/8"	327	350
5-1/2"	3095	125

Elevation 4413' Total Depth 3112' P.B.

Top oil/gas pay 3099' Name of Prod. Form Queen

Casing Perforations: ON 3098' to 3112' or

Depth to Casing shoe of Prod. String 3098'

Natural Prod. Test None BOPD

based on bbls. Oil in Hrs. Mins.

Test after acid or shot 1,90.26 BOPD

Based on 166.09 bbls. Oil in 8 Hrs. Mins.

Gas Well Potential

Size choke in inches 1/2"

Date first oil run to tanks or gas to Transmission system: 6-16-55

Transporter taking Oil or Gas: Artesia Pipe Line

Remarks: Sandfraced with 10,000 gallons and 10,000# of sand. Injection rate 24 BPM.  
Max. Pressure 2600#. Potential taken after lead oil was recovered.

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

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

TIDE WATER ASSOCIATED OIL COMPANY  
(Company or Operator)

By: [Signature]  
Title \_\_\_\_\_

By: H.P. Shackelford H.P. Shackelford  
(Signature)  
Title Area Superintendent  
Send Communications regarding well to:  
Name H.P. Shackelford  
Address Box 547 Hobbs, New Mexico