

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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 **QUADRUPLICATE** 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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico

10/10/55

(Place)

(Date)

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

Tide Water Associated Oil Co. State "Z" Well No. 2, in SE 1/4 SE 1/4,
(Company or Operator) (Lease)

(Company or Operator)

(Lease)

P Sec. 17, T. 14-S, R. 31-S, NMPM, **UNDESIGNATED** Pool

(Unit)

Chavez

County. Date Spudded 9/1/55, Date Completed 9/22/55

Please indicate location:

			x

Sec 17, 145, 31E

Elevation 4149 D.F. Total Depth 2801 P.B. 0

Top oil/gas pay.....2793..... Name of Prod. Form.....Queen Sand.....

Casing Perforations:.....None - Open Holes.....or.....

Depth to Casing shoe of Prod. String.....2787

Natural Prod. Test None BOPD

based on.....bbls. Oil in.....Hrs.....Mins.

Test after acid or shot..... Sandfrac..... 120..... BOPD

Based on 110 bbls. Oil in 22 Hrs. 0 Mins.

Gas Well Potential.....

Size choke in inches..... **Pumping through 2" connections**

Date first oil run to tanks or gas to Transmission system: 9-22-55

Transporter taking Oil or Gas: **The Texas Company - Trucks**

Remarks: Pumped all load oil back & shut in until the oil could be moved.
Took potential test on 10-7-55.

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 A. P. Shumaker N.P. Shackelford

(Signature

Area Superintendent

Title.....

Send Communications regarding well to:

Name H.P. Shackelford

Address Box 547 Hobbs, N.M.

Address

~~OIL CONSERVATION COMMISSION~~

By: A. J. Taylor

Title