

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

Hobbs, New Mexico

7-1656

(Place)

(Date)

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

TIDEWATER OIL COMPANY

STATE #2

SW

SE

(Company or Operator)

Well No. \_\_\_\_\_, in \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4,

0

17

148

(Lease)

312

Undesignated

(Unit)

Chaves

T \_\_\_\_\_, R \_\_\_\_\_, NMPM, \_\_\_\_\_

6-19-56

Pool

7-7-56

County. Date Spudded \_\_\_\_\_, Date Completed \_\_\_\_\_

Please indicate location:


S17, T14S, R31E

Casing and Cementing Record

Size	Feet	Sax
8 5/8	212'	150
5 1/2	2778'	250

Elevation 4127 KB Total Depth 2780' P.B. 2776'

Top oil/gas pay 2751 Name of Prod. Form Queen (Penrose)

Casing Perforations: 2760' - 2770' or

Depth to Casing shoe of Prod. String 2778'

Natural Prod. Test None BOPD

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

Test after acid or shot Sandfrac 84 BOPD

Based on 84 bbls. Oil in 24 Hrs. 0 Mins.

Gas Well Potential \_\_\_\_\_

Size choke in inches 2"

Date first oil run to tanks or gas to Transmission system: 7-7-56

Transporter taking Oil or Gas: Texas-New Mexico Pipe Line Co.

Remarks: 19.0 - 409 - 1

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Approved JUL 18 1956, 19 \_\_\_\_\_

OIL CONSERVATION COMMISSION

By C. M. Kelly Engineer District I

Title \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TIDEWATER OIL COMPANY

(Company or Operator)

H. P. Shaskelford

By H. P. Shaskelford (Signature)

Area Superintendent

Title \_\_\_\_\_

Send Communications regarding well to:

H. P. Shaskelford

Name \_\_\_\_\_

Box 547

Hobbs, New Mexico

Address \_\_\_\_\_