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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
Orig & 4cc: NMOCC  
cc: W. L. Boone, Houston  
cc: R. H. Coe, Midland  
cc: File

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

DUPLICATE

Operator **Tidewater Oil Company**

Address **Box 249, Hobbs, New Mexico**

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Formerly Cabot Corporation Tidewater State #1 <i>Com</i>
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner **Cabot Corporation, P. O. Box 4395, Midland, Texas**

DESCRIPTION OF WELL AND LEASE			
Lease Name <b>Tidewater State <i>Com</i></b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Tobac (Perm)</b>	Kind of Lease State, Federal or Fee <b>State</b>
Location Unit Letter <b>H</b> ; <b>1980</b> Feet From The <b>North</b> Line and <b>660</b> Feet From The <b>East</b> Line of Section <b>31</b> , Township <b>8S</b> , Range <b>33-E</b> , NMPM, <b>Chaves</b> County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Mobil Pipe Line Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 606, Seminole, Texas</b>		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit <b>H</b> Sec. <b>31</b> Twp. <b>8-S</b> Rge. <b>33-E</b>	Is gas actually connected? <b>No</b>	When

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations	Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Original Signed By  
**O. L. WADE**  
(Signature)  
**Area Superintendent**  
(Title)  
**1-12-67**  
(Date)

OIL CONSERVATION COMMISSION

JAN 17 1967

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY **SIGNED BY ERIC F. ENGBRECHT**

TITLE **ENGINEER DISTRICT No. 1**

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply