

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

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

Box 547 Hobbs, N.M.

10-19-59

(Place)

(Date)

Owner: Getty Oil Co.

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

Tidewater Oil Co. Oper. State NM, Well No. 2, in Sec. 1/4, NE 1/4, (Company or Operator) (Lease)

H. Sec. 27, T. 12S, R. 34E, NMPM, Center Lake (Lease) Pool

Lea

County. Date Spudded 9-1-59

Date Drilling Completed 10-12-59

Please indicate location:

Elevation 4164' OF Total Depth 10345' FBTD 10135'

Top Oil/Gas Pay 10218' Name of Prod. Form. 10218-22

PRODUCING INTERVAL -

Perforations 10218-22; 10222-27; 10254-58; 10262-68; 10273-84; 10284-89

Open Hole Depth Casing Shoe 10340 Tubing 10300

OIL WELL TEST -

Natural Prod. Test: bbls. oil, bbls. water in hrs, min. Size Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 211 bbls. oil, 0 bbls. water in 2 hrs, 0 min. Size Choke

GAS WELL TEST -

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

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

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

Choke Size Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand) 500 gal. mud acid & 500 gal. re. acid.

Casing Tubing Date first new Press. 1700 oil run to tanks 10-17-59

Oil Transporter Service Pipe Line Co.

Gas Transporter

Remarks:

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

Approved 6-21-1959, 19

Tidewater Oil Co.

(Company or Operator)

OIL CONSERVATION COMMISSION

By: H. P. Jensen (Signature)

Title Area Supt. Send Communications regarding well to:

Name J. L. Shackelford

Address Box 547 Hobbs, New Mexico

By: [Signature] Engineer District 1

Title

