

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

Hobbs, New Mexico 7/29/59
(Place) (Date)

OWNER: GULF OIL COMPANY

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

Tidewater Oil Company State "N", Well No. 1, in Sec. 1/4 NE 1/4,
(Company or Operator) (Lease)

A, Sec. 27, T. 12S, R. 34E, NMPM Ranger Lake Pool
Unit Letter

Lea County. Date Spudded 4-2-59 Date Drilling Completed 7-28-59

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Elevation 4153 G.L. Total Depth 10,350 PBTD 10,342

Top Oil/Gas Pay 10,226 Name of Prod. Form. Penn.

PRODUCING INTERVAL -

Perforations 10,226 to 10,333'

Open Hole Depth Casing Sh 10,345 Depth Tubing 10,332

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 Choke load oil used) 203.5 bbls. oil, 0 bbls. water in 22 hrs 0 min. Size 2 1/2

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

Casing Tubing Date first new

Press. 1000 Press. 2000 oil run to tanks 7-28-59

Oil Transporter Service Pipeline Company

Gas Transporter

Remarks:

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

Approved: 19. Tidewater Oil Company

(Company or Operator)

Original Signed By:

By: H. P. SHACKELFORD
(Signature)

OIL CONSERVATION COMMISSION

By: Title Area Supt.

Send Communications regarding well to:

Title Name H. P. Shackelford

Address Box 547 Hobbs, N. M.



LTR



Job separation sheet

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

OWNER: Getty Oil Company
Company or Operator Ridewater Oil Company Lease state "K"

Well No. 1 Unit Letter A S 27 T 12S R 37E Pool Ranger Lake

County Lea Kind of Lease (State, Fed. or Patented) state

If well produces oil or condensate, give location of tanks: Unit A S 27 T 12S R 37E

Authorized Transporter of Oil or Condensate Service Pipe Line Company

Address Box 337 Midland, Texas
(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas _____

Address _____
(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

Vented - no purchaser in area.

Reasons for Filing: (Please check proper box) New Well (X)

Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()

Change in Ownership _____ () Other _____ ()

Remarks: _____ (Give explanation below)

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 29th day of July 19 59

Original Signed By:
H. P. SHACKELFORD

By _____

Approved _____ 19 _____

Title Area Supt.

OIL CONSERVATION COMMISSION

Company Ridewater Oil Company

By [Signature]

Address Box 547

Title _____

Hobbs, New Mexico