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NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

REQUEST FOR ~~WELL~~ - (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.

Midland, Texas

October 29, 1962

(Place)

(Date)

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

Paul DeCleva

Tidewater-State

Well No. **1**, in **NW** $\frac{1}{4}$ **NW** $\frac{1}{4}$,

(Company or Operator)

(Lease)

Unit D

Sec. **17**

T. **16-S**

R. **32-E**

NMPM.

Undesignated

Pool

Unit Letter

Lea

County. Date Spudded **June 2, 1962** Date Drilling Completed **Aug. 22, 1962**

Please indicate location:

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

660' FWL & 660' FWL

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
12-3/4"	359'	225
7"	3365'	35
5-1/2"	3334'	200 gal.
Liner	3421'	Latex
		Coalment

Elevation **4368'** Total Depth **3421'** PBD -

Top Oil/Gas Pay **3364'** Name of Prod. Form. **Queen**

PRODUCING INTERVAL -

Perforations **3382-3392'**

Open Hole **-** Depth **Liner 8'** Casing Shoe **3421'** Depth **3394'** Tubing

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): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

GAS WELL TEST -

Natural Prod. Test: **No test** MCF/Day; Hours flowed _____ Choke Size _____

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

Test After Acid or Fracture Treatment: **7.100** MCF/Day; Hours flowed **26**

Choke Size **4-122** Method of Testing: **Multi-point back pressure test**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **250 gal. 15% Regular Acid**

Casing Tubing Date first new
Press. Press. oil run to tanks

Oil Transporter

Gas Transporter **Phillips Petroleum Company**

Remarks:

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

Approved _____, 19____

Paul DeCleva

(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____

By: **R. Busby**

(Signature)

Title **Agent**

Send Communications regarding well to:

Name **Paul DeCleva**

Address **606 N. Colorado, Midland, Texas**