| NO. OF COPIES RECEIVED | | | |
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| DISTRIBUTION | NEW MEXICO OIL O | CONSERVATION COMMISSION | Form C -104 |
| SANTA FE | | FOR ALLOWABLE | Supersedes Old C-104 and (|
| FILE | | AND | Effective 1-1-65 |
| U.S.G.S. | ALITHOPLZATION TO TRA | ANSPORT OIL AND NATURA | I GAS |
| LAND OFFICE | AUTHORIZATION TO TRA | (10) (10) (12) | |
| OIL | | | |
| TRANSPORTER GAS | | | |
| OPERATOR | | | |
| PRORATION OFFICE | - | | |
| Gerator | | | |
| Tidewater Oil C | Company | | |
| Box 249, Hobbs, | Near Marri do | | |
| Reason(s) for filing (Check proper | | Other (Please explain) | |
| New Well | Change in Transporter of: | | |
| Recompletion | Oi: Dry G | 🗷 🔛 Change Lease & | Well Designation |
| Change in Ownership | Casinghead Gas Conde | nsate | |
| f change of ownership give nam | е | | |
| DESCRIPTION OF WELL AN | ID LEASE | | |
| Lease Name | Well No. Pool No | ame, Including Formation | Kind of Lease |
| State P | 7 to | vington Abo | State, Federal or Fee State |
| Location | | | |
| Unit Letter J ; 2 | 10 Feet From The Li | ne and <u>1650</u> Feet Fr | om The South |
| | - | | |
| Line of Section 😢 , | Township 168 Range 3 | 7 B , NMPM, | I Coun |
| | Oil or Condensate | AS Address (Give address to which a | pproved copy of this form is to be sent) |
| Name of Authorized Transporter of Name of Authorized Transporter of | *** | Rox 1510, Hidl Address (Give address to which a | and, Texas pproved copy of this form is to be sent) |
| | Casinghead Gas or Dry Gas | Rox 1510, Midl Address (Give address to which a Box 1135, Fami | and, Texas pproved copy of this form is to be sent) ce, New Mexico |
| Name of Authorized Transporter of Skelly Gil Con | Casinghead Gas or Dry Gas Unit Sec. Twp. Rge. | Rox 1510, Midl Address (Give address to which a Box 1135, Ami Is gas actually connected? | and. Toras pproved copy of this form is to be sent) |
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VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

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.

Tubing Pressure

Original Signed By
C. L. WADE

(Signature)

Area Supt. (Title)

January 28, 1965

OIL CONSERVATION COMMISSION

Casing Pressure

| V.= | ., |
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| | |
| APPROVED | , 19 |
| | |
| BY | |

Choke Size

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