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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

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

5-OCC	1-Shell	1-Texas Pacific
1-Midland	1-Sunray DK	1-W. B. Osborn, Jr.
1-File	1-Sinclair	1-Geo. H. Coates

Operator Tidewater Oil Company	
Address Box 249, Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State P	Well No. 10	Pool Name, Including Formation Lovington Paddock	Kind of Lease State, Federal or Fee State
Location			
Unit Letter 0	1980	Feet From The East	Line and 660
Feet From The South		County Lea	
Line of Section 32	Township 16 S	Range 37 E	NMPM, Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Company	Address (Give address to which approved copy of this form is to be sent) Box 1135, Eunice, New Mexico	
If well produces oil or liquid, give location of tanks.	Unit H	Sec. 32
	Twp. 16	Rge. 37
	Is gas actually connected? Yes	When 5-21-65

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 3-25-65	Date Compl. Ready to Prod. 5-21-65	Total Depth 6400'	P.B.T.D. 6364'					
Pool Lovington Paddock	Name of Producing Formation Paddock	Top Oil/Gas Pay 6133'	Tubing Depth 6340'					
Perforations 6133 - 6331.5'	Depth Casing Shoe 6399'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	2097	1345					
7-7/8"	5-1/2"	6399	1310					
	2-3/8"	6340						

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 5-21-65	Date of Test 5-22-65	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure -	Casing Pressure -	Choke Size 2" tubing
Actual Prod. During Test 57 bbls.	Oil - Bbls. 50	Water - Bbls. 7	Gas - MCF 26.3

GAS WELL

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

VI. 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:
B. M. BREINING

(Signature)

Area Engineer

(Title)

May 26, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____

TITLE _____

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