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NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

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 February 13, 1962
(Place) (Date)

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

Tidewater Oil Company State "NM", Well No. 1, in NE 1/4, NE 1/4,
(Company or Operator) (Lease)
A, Sec. 7, T. 18S, R. 35E, NMPM, Undesignated Pool
Unit Letter

Loc. County. Date Spudded 12-22-61 Date Drilling Completed 1-26-62

Please indicate location:

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

Elevation 3921' MTP Total Depth 1945' PBTD 8857'

Top Oil/Gas Pay 2420' Name of Prod. Form. Rio Grande

PRODUCING INTERVAL -

Perforations 2735 to 2812'

Open Hole None Depth Casing Shoe 2944' Depth Tubing 8649'

OIL WELL TEST -

Natural Prod. Test: None 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): 113 bbls. oil, 0 bbls water in 24 hrs, 0 min. Size 3 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 Press. 0 Tubing Press. 625 Date first new oil run to tanks February 10, 1962

Oil Transporter Permian Corp.

Gas Transporter Vented

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)

OIL CONSERVATION COMMISSION

Signed By
C. L. Wade
(Signature)

Title Area Supt.
Send Communications regarding well to:

Name C. L. Wade

Address Box 547 Hobbs, N. Mex.

By:

Title