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PRODUCTION OFFICE	
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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

March 30, 1962

(Place)

(Date)

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

Tidewater Oil Company

State "NM"

Well No. 2

NW

NE

(Company or Operator)

(Lease)

Unit Letter

7

T

185

R 358

NMPM.

Vacuum Abo

P

Lease

County. Date Spudded 2-15-62

Date Drilling Completed

3-23-62

Please indicate location:

Elevation 73 3984

Total Depth 8900

PBTD

8870

Top Oil/Gas Pay 3592

Name of Prod. Form.

Abo Reef

PRODUCING INTERVAL -

Perforations 3592-2658, 3722-34, 3740-54

Open Hole

Depth

8898'

Casing Shoe

Depth

8850'

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 load oil used): 11505 bbls. oil, 0 bbls. water in 13 hrs, 0 min. Size 15/64 Choke

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): 2000 gal. 10% acid

Casing 0 Tubing 450 Date first new March 29, 1962
Press. _____ Press. _____ oil run to tanks

Oil Transporter Permian Corp.

Gas Transporter Western

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:

C. L. WADE

(Signature)

Area Supt.

Title:

Send Communications regarding well to:

Name:

C. L. Wade

Box 147, Hobbs, N. Mex.

OIL CONSERVATION COMMISSION

By:

Title