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NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR ~~(OIL)~~ - (GAS) ALLOWABLE
GAS

New Well
1111111111

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.

Hobbs, New Mexico

10-16-62

(Place)

(Date)

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

Tidewater Oil Company

State "AR"

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

(Company or Operator)

(Lease)

C

Sec. **23**

T. **18S**

R. **36E**

NMPM., **Arkansas Junction**

Pro

Unit Letter

Lea

County. Date Spudded **9-9-62**

Date Drilling Completed **9-23-62**

Please indicate location:

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

Elevation **3805 D.F.** Total Depth **4700** PBTD

Top Oil/Gas Pay **4595** Name of Prod. Form. **Arkansas Junction Queen**

PRODUCING INTERVAL -

Perforations **4595-4609**

Open Hole _____ Depth _____ Casing Shoe _____ Depth _____ Tubing _____

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

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: **295** MCF/Day; Hours flowed **24**

Choke Size **9/64** Method of Testing: **Orifice Well Tester**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **1000 gal. reg. NE acid, 15000 gal. ref. oil & 1300# sand**

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

Oil Transporter **None**

Gas Transporter **Warren Petroleum Corp.**

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**

Address **Box 547, Hobbs, N. Mex.**

OIL CONSERVATION COMMISSION

By: _____

Title _____