

1 - Midland
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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

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 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

12/11/59

(Place)

(Date)

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

Tidewater Oil Company

State "N"

Well No. 2

SW

NE

(Company or Operator)

(Lease)

Unit Letter

Sec. 14

T. 18S

R. 37E

NMPM,

Hobbs

Pool

Lea

County. Date Spudded 11-6-59

Date Drilling Completed 11-19-59

Please indicate location:

Elevation 3697 D.F.

Total Depth 4373

PBTD

4270

Top Oil/Gas Pay 4208

Name of Prod. Form. Grayburg

PRODUCING INTERVAL -

Perforations 4208-18; 4226-32'

Open Hole Depth

Casing Shoe 4274

Depth

Tubing 4182

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 36.64 bbls. oil, 17.24 bbls. water in 24 hrs, 0 min. 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: _____ 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): 1,000 gal. Reg. 15% acid, 10,000 gal. ref. crude & 10,000# sand

Casing Tubing Date first new
Press. 4400 Press. 3700 oil run to tanks 12-10-59

Oil Transporter Shell Pipeline Co.

Gas Transporter None

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: H. P. SHACKELFORD

(Signature)

Area Supt.

By:

Title:

Send Communications regarding well to:

Name: H. P. Shackelford

Address: Box 547 Hobbs, New Mex.

OIL CONSERVATION COMMISSION

By:

Title: