

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
(Revised 7/1/52)

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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico
(Place)

October 2, 1956
(Date)

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

Tidewater Oil Company

State "AH"

Well No. 1

in SW

1/4

SW

1/4

(Company or Operator)

(Lease)

M

Sec. 34

T. 18S

R. 37E

NMPM

Undesignated

Pool

(Unit)

Lea

County. Date Spudded 8-23-56

Date Completed 9-24-56

Please indicate location:

660	660		

Elevation 3696 KD

Total Depth 4015'

P.B. 4005'

Top oil/gas pay 3908

Name of Prod. Form Queen (Penrose)

Casing Perforations: 3908-3970

or

Depth to Casing shoe of Prod. String 4012

Natural Prod. Test None

BOPD

based on bbls. Oil in

Hrs.

Mins.

Test after Sandfrac 47.4

BOPD

Based on 47.4

bbls. Oil in

24

Hrs.

0

Mins.

Gas Well Potential

Size choke in inches 3/8"

Neat

50-50 Posmix & Incor cement w/ 4% gel

Date first oil run to tanks or gas to Transmission system: 9-24-56

Neat

Transporter taking Oil or Gas: Cactus Petroleum, Inc - Trucks

Sec. 34, T18S, R37E

Casing and Cementing Record

Size Feet Sax

Size	Feet	Sax
8-5/8"	Set @ 371	300
5-1/2"	4012	600
		& 200

Remarks: * Cement circulated on 8-5/8" casing.

** Top of cement behind 5-1/2" casing @ 2055' down from K.D.

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved _____, 19____

OIL CONSERVATION COMMISSION

By: _____

Title _____

Tidewater Oil Company
(Company or Operator)

By: H.P. Shackelford
(Signature)

Title Area Superintendent

Send Communications regarding well to:

Name H. P. Shackelford

Address Box 547 Hobbs, New Mexico

SECRET

1.1

1.2

1.3

1.4

1.5

1.6 1.7 1.8 1.9 2.0

2.1 2.2 2.3 2.4 2.5 2.6 2.7 2.8 2.9 3.0

3.1 3.2 3.3 3.4 3.5

3.6 3.7 3.8 3.9 4.0

4.1 4.2 4.3 4.4 4.5 4.6 4.7 4.8 4.9 5.0

5.1 5.2 5.3 5.4 5.5

5.6 5.7 5.8 5.9 6.0

6.1

6.2

6.3 6.4 6.5 6.6 6.7

6.8 6.9 7.0 7.1 7.2

7.3

7.4 7.5 7.6 7.7 7.8 7.9 8.0

8.1 8.2 8.3 8.4 8.5 8.6 8.7 8.8 8.9 9.0

9.1 9.2 9.3 9.4 9.5

9.6

9.7

9.8

9.9 9.10 9.11 9.12 9.13

9.14 9.15 9.16 9.17 9.18 9.19 9.20

9.21

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9.24

9.25 9.26 9.27 9.28 9.29 9.30 9.31 9.32 9.33 9.34

9.35

9.36 9.37 9.38 9.39 9.40 9.41 9.42 9.43 9.44 9.45

9.46 9.47 9.48 9.49 9.50

9.51 9.52 9.53 9.54 9.55 9.56 9.57 9.58 9.59 9.60

9.61 9.62 9.63 9.64 9.65 9.66 9.67 9.68 9.69 9.70

9.71 9.72 9.73 9.74 9.75 9.76 9.77 9.78 9.79 9.80

9.81

9.82 9.83 9.84 9.85 9.86 9.87 9.88 9.89 9.90 9.91

9.92 9.93 9.94 9.95 9.96 9.97 9.98 9.99 10.00

10.01

10.02 10.03 10.04 10.05 10.06 10.07 10.08 10.09 10.10

10.11 10.12 10.13 10.14 10.15 10.16 10.17 10.18 10.19 10.20

10.21 10.22 10.23 10.24 10.25 10.26 10.27 10.28 10.29 10.30

10.31 10.32 10.33 10.34 10.35 10.36 10.37 10.38 10.39 10.40

10.41