

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

RECOMPLETION
~~XXXXXXXXXX~~
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.

Hebbs, New Mexico
(Place)

7/8/55
(Date)

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

Tide Water Associated Oil Company State "NV", Well No. 1, in NW 1/4 NW 1/4,
(Company or Operator) (Lease)
D. Sec. 5, T. 17-S, R. 37-E, NMPM, Lovington Paddock Pool
(Unit)
Lea County. Date Started 6-20-55, Date Completed 7-2-55

Please indicate location:

660'			
660'			

Elevation 3813 D.F. Total Depth 11,065, P.B. 6605

Top oil/gty pay 6180 Name of Prod. Form Paddock

Casing Perforations: 6180' - 6250' or

Depth to Casing shoe of Prod. String 11,063'

Natural Prod. Test None BOPD

based on bbls. Oil in Hrs. Mins.

Test after acid or shot 72 BOPD

Based on 72 bbls. Oil in 24 Hrs. 0 Mins.

Gas Well Potential

Size choke in inches 2"

Date first oil run to tanks or gas to Transmission system: 7-3-55

Transporter taking Oil or Gas: Texas-New Mexico Pipe Line Company

Sec. 5-T179-R37E

Casing and Cementing Record
Size Feet Sax

13-3/8"	336'	350
8-5/8"	4984'	3167
5-1/2"	*6310'	732
*Liner hung at	4803'	

Remarks: Acidized perforations with 500 gallons of mud acid and 1000 gallons of Regular.

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

Approved _____, 19____

TIDE WATER ASSOCIATED OIL COMPANY
(Company or Operator)

OIL CONSERVATION COMMISSION

By: *H.P. Shackelford* H.P. Shackelford
(Signature)

By: *J. Stanley*

Title: Area Superintendent
Send Communications regarding well to:

Title _____

Name: H.P. Shackelford

Box 517 Hobbs, New Mexico