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PRODUCTION OFFICE	
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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

4-OCC
1-Houston
1-Midland 1-File

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

July 20, 1964

(Place)

(Date)

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

Tidewater Oil Company

"GO" State "H"

Well No. **3**, in **SW** $\frac{1}{4}$ **SW** $\frac{1}{4}$,

(Company or Operator)

(Lease)

N

Sec. **33**

T. **17-S**

R. **35-E**

NMPM,

Undersaturated (Vacuum Glorieta) Pool

Unit Letter

Les

County. Date Spudded **6-22-64**

Date Drilling Completed **7-15-64**

Please indicate location:

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

Elevation **3962' B.P.** Total Depth **6320'** PBDT **"**

Top Oil/Gas Pay **6134'** Name of Prod. Form. **Glorieta**

PRODUCING INTERVAL -

Perforations **6134'-6148'**

Open Hole **-** Depth **6316'** Depth Casing Shoe **6183'** Depth Tubing **6183'**

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 Choke load oil used): **70** bbls. oil, **0** bbls. water in **16** hrs, **30** min. Size **11/64**

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): **1800 gal. H.E. Acid**

Casing Press. _____ Tubing Press. **300** Date first new oil run to tanks **7-19-64**

Oil Transporter **Permian Corporation**

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

By: **C. L. WADE**
(Signature)

Area Supt.

Title: _____
Send Communications regarding well to:

Name: **C. L. Wade**

Address: **Box 249, Hobbs, New Mexico**

OIL CONSERVATION COMMISSION

By: _____

Title: _____