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PRODUCTION OFFICE	
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NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

4-OCC

1-Houston

1-Midland 1-File

HOBBS OFFICE O. C. C.

New Well
Recompletion

Jul 27 3 35 PM '64

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 27, 1964

(Place)

(Date)

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

Tidewater Oil Company

"GO" State "F"

Well No. **8**, in **NW** $\frac{1}{4}$ **NE** $\frac{1}{4}$,

(Company or Operator)

(Lease)

B, Sec. **36**, T. **17-S**, R. **34-E**, NMPM., **Undersaturated (Vacuum Upper Penn)** Pool

Unit Letter

Lea

County. Date Spudded **5-25-64**

Date Drilling Completed **7-6-64**

Please indicate location:

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

Elevation **4006' DP** Total Depth **10,494'** PBTD **10,435'**

Top Oil/Gas Pay **10,080** Name of Prod. Form. **Upper Penn**

PRODUCING INTERVAL -

Perforations **10,080 - 10,176'**

Open Hole **-** Depth **-** Casing Shoe **10,487** Depth Tubing **10,173'**

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): **301** bbls. oil, **0** bbls water in **23** hrs, **0** min. Size **23/64**

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): **300 gal. N.E. LST acid and 2000 gal. N.E. w/6 gal. CSC-3.**

Casing Press. **Pkr.** Tubing Press. **300** Date first new oil run to tanks **7-16-64**

Oil Transporter **Permian Corporation**

Gas Transporter **Vented**

Remarks: **Triple completion in Vacuum Abo, Wolfcamp and Upper Penn Zones. This report pertains to the Upper Penn zone only.**

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)

Title **Area Supt.**
Send Communications regarding well to:

Name **C. L. Wade**

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

OIL CONSERVATION COMMISSION

By: **-**

Title **-**

