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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

## NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE  
ANDForm C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

## AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

4-OCC	1-Shell	1-Texas Pacific
1-Houston	1-Sunray DX	1-W. B. Osborne
1-Midland	1-Sinclair	1-Geo. Coates
1-File		

Tidewater Oil Company

Box 249, Hobbs, New Mexico

Reason(s) for filing (Check proper box)

New Well ☒Reopening Well ☐Change in ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease State	State V	Well No.	2	Pool Name, Including Formation	Lovington Paddock	Kind of Lease	State, Federal or Free State	
Location								
Unit Letter	C	Feet From The	660	North	Line and	1980	Feet From The	West
Line of Section	5	Township	17-S	Range	37-E	NMPM,	Lee	County

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas-New Mexico Pipe Line Company	Box 1510, Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Skelly Oil Company	Box 1135, Eunice, New Mexico
If well produces oil or liquid gas, give location of tanks.	Unit: D Sec: 5 Twp: 17-S Rge: 37-E Is gas actually connected? Yes When: 5-17-65

If this production is commingled with that from any other lease or pool, give commingling order number:

~~Not commingled~~

## IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
3-13-65	5-17-65	6400'	6353'
Pool:	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Lovington Paddock	Paddock	6171'	6333.23'
Perforations	6176, 6206.5, 6232, 6238, 6245, 6287, 6300, 6307.5, 6331.5, 6338'		Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8-5/8"	2088'	920 sks (circulated)
7-7/8"	5-1/2"	6399	1270 sks
	2-3/8"	6333.23'	

## V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
5-17-65	May 15, 1965	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	20	20	-
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
83	81	2	73

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

## VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Original Signed By:  
B. M. BREINING

(Signature)

Area Engineer

(Title)

May 19, 1965

(Date)

## OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply