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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

JUL 12 8 34 AM '65

5-OCC
1-Midland
1-File

Operator Tidewater Oil Company	
Address Box 249, Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	
If change of ownership give name and address of previous owner <i>Neal Upper 3000 Hobbs, New Mexico</i>	

I. DESCRIPTION OF WELL AND LEASE

Lease Name GO State "F"	Well No. 10	Pool Name, including Formation Vacuum Blinebry	Kind of Lease State, Federal or Fee	State State
Location				
Unit Letter A	660	Feet From The North	760	Feet From The East
Line of Section 36	Township 17 S	Range 34 E	NMPM, Lea	County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Phillips Building, Odessa, Texas					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 36	Twp. 17	Reg. 34	Is gas actually connected? Yes	When 7-2-65
If this production is commingled with that from any other lease or pool, give commingling order number:					PC-147	

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4-28-65	Date Compl. Ready to Prod. 7-1-65	Total Depth 6830'	P.B.T.D. 6723'					
Pool Vacuum Blinebry	Name of Producing Formation Blinebry	Top Oil/Gas Pcy 6562'	Tubing Depth 6386'					
Perforations 6562-6679	Depth Casing Shoe 6829'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4	8-5/8 2477		1542'		600			
7-7/8	5-1/2 241		6829'		1576			
	2-1/16		6386'					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 7-1-65	Date of Test 7-2-65	Producing Method (Flow, pump, gas lift, etc.) Pump (12 - 74" BPM)	
Length of Test 24	Tubing Pressure -	Casing Pressure -	Choke Size 2" Tbg.
Actual Prod. During Test 74	Oil-Bbls. 24	Water-Bbls. 50	Gas-MCF GOR 292/1

NOTE: Well is dually completed in the Blinebry-Glorieta oil zones. This applies to Blinebry only.

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

C. L. WADE

(Signature)

Area Supt.

(Title)

July 8, 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 completed wells.

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