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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

5-000
1-Houston
1-Midland
1-File

Operator Tidewater Oil Company	
Address Box 249, Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	Other (Please explain)
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"/>

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name GO State "F"	Well No. 10	Pool Name, Including Formation Vacuum Glorieta	Kind of Lease State, Federal or Fee	State State
Location: Unit Letter A , 660 Feet From The North Line and 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	Rge. 34	Is gas actually connected? Yes	When 6-23-65

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 <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4-28-65	Date Compl. Ready to Prod. 6-22-65		Total Depth 6830'		P.B.T.D. 6723'			
Pool Vacuum Glorieta	Name of Producing Formation Glorieta		Top Oil/Gas Pay 6562'		Tubing Depth 6045'			
Perforations 6023-6040.5					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8		1542'		600			
7-7/8"	5-1/2		6829		1576			
	2-1/16		6045					

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 6-23-65	Date of Test 6-24-65	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 25-50	Casing Pressure 50	Choke Size 32/64
Actual Prod. During Test 81	Oil-Bbls. 76	Water-Bbls. 5	Gas-MCF 76

This well will be a dual Klinebry-Glorieta completion. This applies to Glorieta zone 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)

June 24, 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.

100

100

100

100

100

100

100

100

100

100



TIDEWATER OIL COMPANY

P. O. Box 249
Hobbs, New Mexico

June 28, 1965

GO STATE "F" NO. 10

DEVIATIONS

<u>DEPTH</u>	<u>DEGREE OFF</u>	<u>DEPTH</u>	<u>DEGREE OFF</u>
472	1/4	3890	1
790	1/4	4020	3/4
1313	1/2	4280	0
1550	1/2	4500	0
1800	1/4	4900	3/4
2300	1-1/4	5280	1
2450	3/4	5676	1
2765	1-1/4	5915	3/4
3159	0	6245	3/4
3450	1/2	6450	3/4
3640	3/4		

The above information is correct and complete to the best of my knowledge.

C. L. Wade
C. L. Wade, Area Superintendent

STATE OF NEW MEXICO
COUNTY OF LEA

SWORN TO BEFORE ME, the undersigned, on this the 29th day of June, 1965.

Walter S. Wilson
Notary Public in and for the
County of Lea, State of New Mexico

My commission expires 12/2/67



TIDEWATER OIL COMPANY

TIDEWATER OIL COMPANY

1937, New Mexico

1937, New Mexico

CO. 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20

1937, New Mexico

DATE	DEBIT	CREDIT	BALANCE
1	1000		1000
2	1000		2000
3	1000		3000
4	1000		4000
5	1000		5000
6	1000		6000
7	1000		7000
8	1000		8000
9	1000		9000
10	1000		10000
11	1000		11000
12	1000		12000
13	1000		13000
14	1000		14000
15	1000		15000
16	1000		16000
17	1000		17000
18	1000		18000
19	1000		19000
20	1000		20000

to information is correct and complete to the best of my knowledge.

[Signature]
J. L. Ward, Area Superintendent

CHIEF OF AREA
JULY 1937

on this day of June, 1937.

Notary Public in and for the
County of Lea, State of New Mexico

My commission expires 12/31/37