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DISTRIBUTION	NEW	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND			Fo	rm C-104	
SANTA FE							C-104 and C-
FILE					Ef	fective 1-1-6	5
U.S.G.S.	AUTHORIZAT	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS.  5-000 148 PH '65					
LAND OFFICE							
TRANSPORTER OIL GAS	· · · · · · · · · · · · · · · · · · ·	1-Midland					
OPERATOR			1.	·File			
PRORATION OFFICE							
Cperator		1,,,,,				•,	
Address Tidewate	er Oil Company						
Reason(s) for filing (Check proper	Hobbs, New Mexic	<b>20</b>					
New Well	·		Other (Plea	ise exploin)			
Recompletion	Change in Transpo		Former	ly Contine	mtolla		
Change in Ownership	Oil Casinghead Gas	Dry G Conde	= C+a+a	A-26 A #1	TIONT D		
If change of ownership give nam	ne a .						
and address of previous owner_	Continent	al Oil Co	mpany, Box 460	, Hobbs, N	Vew Mexic	0	
DESCRIPTION OF WELL AS Lease Name	ND LEASE	ell Mo. Pool Ma	ane, Including Formation		Two areas		
East Elmont Unit		0 -		1	Kind of Le		
Location		ر م	Eumont Queen		State, Fede	eral or Fee	State
	660 Feet From The S		27 m		The	East	Company
Line of Section 26 ,	Township 19 S	Range	<b>37 E</b> , NMF		The	East Lea	County
Line of Section 26 ,  DESIGNATION OF TRANSPORT  Name of Authorized Transporter of	Township 19 S  ORTER OF OIL AND N. Oil Tondensate	Range  ATURAL GA	<b>37 E</b> , NMF	°M <b>,</b>		Lea	
DESIGNATION OF TRANSPORTER  Name of Authorized Transporter of  Texas New Mexico	ORTER OF OIL AND NOT CONCERN OF COMPANY  Pine Line Company	Range  ATURAL GA	37 E , NME AS Address (Give addres Box 151	em, s to which appro	ived copy of th	Lea.	be sent)
DESIGNATION OF TRANSPORMS OF Authorized Transporter of Texas New Mexico	Township 19 S  ORTER OF OIL AND N Oil To or Condensate  Pipe Line Compan Casinghead Gas To or Di	Range  ATURAL GA	AS Address (Give addres Box 151 Address (Give addres	s to which appro <b>Midland</b> s to which appro	wed copy of th Texas ved copy of th	Lea.	be sent)
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Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pu	mp, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Cil-Bbls.	Water-Bbls.	Gas - MCF

GAS WELL

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

## 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.

(Title)

Original	Signed By:
В. М.	BREINING

(Signature)

Area Engineer

July 22, 1965 (Date) APPROVED BY TITLE

OIL CONSERVATION COMMISSION

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.