JEW MEXICO OIL CONSERVATION COMMICS! REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATIONA

the the street by Reduce Nov Minister Ben'to

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Chim (14104) Generaledes (011/04103 and General 141/60

Separate Forms Co 14 maps to filed for each pool and the completed wells.

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.	PRORATION OFF	ICE		
	OPERATOR			
	TRANS. ON ER	GAS		
	TRANSPORTER	OIL		
	LAND OFFICE			
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	FILE			
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	NO. OF COPIES RECE	IVED		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANTA FE		REQUES	T FOR ALLOWABLE		mee w	Old C-104 and C-110 1-65					
FILE			_								
U.S.G.S.	AND .G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GA ND OFFICE 5-000										
LAND OFFICE	E-000		Ju	L 10 / 4	4 M 165						
TRANSPORTER GAS	1-Male				00						
OPERATOR	1-File										
DECEMBER OF FICE											
Operator	Operator										
Tidewater Of	Tidewater Oil Company										
Address Por 240 Hol	Box 249, Hobbs, New Mexico										
			Other (Please e	explain)							
i —	Change in Transporter of:										
New Well	_		Gas Tormerly C	hlf's H.	T. Orcutt	MCT-E) #2					
Recompletion	Oil		ndensate			•					
Change in Ownership	Casinghead G	,ds	Idensate								
If change of ownership give name		lamanasa Dar	z 2167, Hobbs, New	Marri co							
and address of previous owner	AUTT OFF C	carpact, ac	* 2201, 120000, 1104	7444							
•											
II. DESCRIPTION OF WELL AN	D LEASE	The Man I for all	Name, Including Formation		Kind of Lease						
Lease Name		1			State, Federal or F	ee Fee					
East Emont	Vait	105	mont queen		Bidle, I caerar or I	100					
Location			m.m.m1		90						
Unit Letter C ; 3	Feet From T	The North	Line and	Feet From T	he West						
Unit Letter					_						
Line of Section 2	Township 20 8	Range	37 R , NMPM,		Les	County					
Line of Section .	10 million p										
III. DESIGNATION OF TRANSPO	ADTED OF OIL AT	ND NATURAL	GAS								
Name of Authorized Transporter of	Oil or Cond	lensate	Address (Give address to	which approv	ed copy of this form	is to be sent)					
1		•	Box 1510, Midle	and, Texa	15						
Texas New Mexico Pip	Name of Authorized Transporter of Casinghead Gas or Dry Gas				ed copy of this form	is to be sent)					
	Name of Authorized Transporter of Casinghed Gas and Casinghed Gas										
Marian Lationary Cor.		Twp. Rge.	Is gas actually connected		'n						
If well produces oil or liquids,	Unit Sec.				1957						
give location of tanks.	C 2	20 37			-//!						
If this production is commingled	with that from any	other lease or po	ool, give commingling order	number:							
IV. COMPLETION DATA					Plug Back Same	Resty. Diff. Resty					
	Oil '	Well Gas We	ll New Well Workover	Deepen	Plug Back Baine						
Designate Type of Compl	etion $-(\Lambda)$	1	· · · · · · · · · · · · · · · · · · ·								
Date Spudded	Date Compl. Rea	dy to Prod.	Total Depth		P.B.T.D.						
	Name of Producing Formation		Top Oil/Gas Pay	Top Oil/Gas Pay							
Pool	Ivamo or riouser										
			Depth Casing Sho	e							
Perforations	Pertorations										
			AND CEMENTING RECOR		SACKS	CEMENT					
HOLE SIZE	CASING 8	TUBING SIZE	DEPTH SE		SACKS	CEMENT					
					 						
					<u> </u>						
					1						

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 a able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pur	Producing Method (Flow, pump, gas lift, etc.)			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF			

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

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)	
Tuly 12 1065	

(Date)

OIL CON	SERVATI	ON (COMMISSION
,	Trans.	_	

APPROVED	<u> </u>		_, 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.