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LAND OFFICE
TRANSPORTER
OPERATOR
PRODUCER
GOTTY OIL CO.

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-1174
Supersedes O-1174-1 and
O-1174-2 (1-5-57)

ILLEGIBLE

P. O. Box 249, Hobbs, New Mexico 88240

Transporter's Name
Name of
Company
Address
City
State
Zip

Tidewater Oil Co., Box 249, Hobbs, N. M.

II. DESCRIPTION OF WELL AND LEASE

Section, including Plots
East Ramont Unit 307 Ramont Queen State B-2330
A 050 Feet From The North Line and 660 East
2 205 Range 37E Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

INJECTION WELL

Oil Well ☐ Gas Well ☐ or Condensate ☐ or Dry Gas ☐
If this production is commingled with that from any other lease or pool, give commingling information.

IV. COMPLETION DATA

Designate Date of Completion (M/Y)
Oil Well Gas Well New Well
Total Feet
Producing Formation

TUBING, CASING, AND CEMENTING RECORD

JOBS	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL TEST

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

Date of Test
Producing Method
Casing Pressure
Casing Pressure
Water - Bbls.

GAS WELL

Length of Test
Bbls. Condensate
Casing Pressure (Shut-in)
Casing Pressure (Shut-in)
Large Gas

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.

Area Supd.

Sept. 30, 1967

OIL CONSERVATION COMMISSION

APPROVED
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 only Sections I, II, III, and VI for changes of owner, well name or number, or any other such change of condition.
Separate Forms O-1174 must be filed for each pool in multiply completed wells.

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HOBBS OFFICE O. C. C.
NEW MEXICO OIL CONSERVATION COMMISSION
3-103
1-File
APR 6 10 08 AM '66

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>	
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
8. Farm or Lease Name East Desert Unit	
9. Well No. 107	
10. Field and Pool, or Wildcat Desert Queen	
12. County Lee	

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator Alexander Oil Company
3. Address of Operator Box 209, Hobbs, New Mexico	4. Location of Well UNIT LETTER A , 660 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 2 TOWNSHIP 20-N RANGE 37-E N.M.P.M.
15. Elevation (Show whether DF, RT, GR, etc.)	16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Well shut in pending development of water flood.

APPROVED BY
G. L. WADE
Area Supt.
4-4-66

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Original Signed By **G. L. WADE** TITLE **Area Supt.** DATE **4-4-66**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: