

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

REQUEST FOR ~~(OIL)~~ - (GAS) ALLOWABLE

New Well
~~Recompletion~~

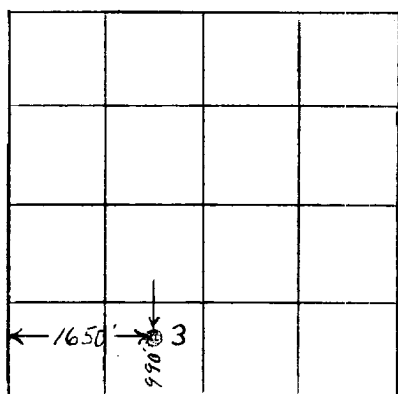
This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico 1/13/56
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Tide Water Associated Oil Co. State NM, Well No. 3, in SE 1/4, SE 1/4,
(Company or Operator) (Lease)
N, Sec. 16, T. 20-S, R. 37-E, NMPM, Bursum Gas Pool
(Unit)
Laa County. Date Spudded 12/17/55, Date Completed 1/11/56

Please indicate location:



S. 16, T. 20-S, R. 37-E

Casing and Cementing Record

Size	Feet	Sax
8-5/8	Set @ 1008.4	250 of 8 1/2 200 Reg.
5-1/2	3550	500 6 1/2 gal. Inferno 31 lbs Signalite 200 Reg. Inferno

Elevation 3532 D.F. Total Depth 3590, P.E. 3582
Top of gas pay 3360 Name of Prod. Form. Poursue
Casing Perforations: 3374' to 3492' w/2 jets/20 or
Depth to Casing shoe of Prod. String 3350'
Natural Prod. Test None BOPD
based on bbls. Oil in Hrs. Mins.
Test after acid or shot Sandfrac BOPD
Based on bbls. Oil in Hrs. Mins.
Gas Well Potential 22,000 MCF/day
Size choke in inches Open flow by 4 point back pressure test.
Date first oil run to tanks or gas to Transmission system: Tested 1-11-56
Transporter taking Oil or Gas: El Paso Natural Gas Co.

Remarks: Cement circulated in 8-5/8" casing. Top of cement behind the 5-1/2" casing @ 770' down from surface.

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

Approved _____, 19____

TIDE WATER ASSOCIATED OIL COMPANY
(Company or Operator)

OIL CONSERVATION COMMISSION

By: H.P. Shackelford
(Signature)

By: _____

Title: Area Superintendent

Send Communications regarding well to:

Title _____

Name: H.P. Shackelford

Address: Box 547 Hobbs, New Mexico