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LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)
Revised 7/1/57

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

4-CCC

1-Houston

1-Midland 1-File

HOBBS OFFICE O.C.C.

New Well
Recompletion

OCT 6 1964

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 new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico

10-3-64

(Place)

(Date)

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

Tidewater Oil Company

S. J. Sarkeys

Well No. **4**, in **SE** $\frac{1}{4}$ **NW** $\frac{1}{4}$,

(Company or Operator)

(Lease)

F

26

T

21 S

R

37 E

NMPM.

Blinebry (Oil)

Pool

Unit Letter

Les

Rework

County Date **5/1/64** **9-21-64**

Date **5/1/64** Completed **10-1-64**

Elevation **3396**

Total Depth **6584** PBD **6380**

Please indicate location:

Top Oil/Gas Pay **5733**

Name of Prod. Form. **Blinebry (Oil)**

PRODUCING INTERVAL -

Perforations **5733, 5741, 5763, 5803, 5809, 5824, 5835, 5846 & 5855'**

Open Hole _____ Depth _____ Depth _____
Casing Shoe _____ Tubing **6048'**

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **73** bbls. oil, **0** bbls water in **24** hrs, _____ min. Size **9/64** Choke

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **1000 gals. acid, 20,000 gals. lease oil, 20,000 20-40 sand**

Casing Press. _____ Tubing Press. **400** Date first new oil run to tanks **10-2-64**

Oil Transporter **Texas-New Mexico Pipe Line Company**

Gas Transporter **Shelly Oil Company**

(FOOTAGE)
Tubing, Casing and Cementing Record

Size	Feet	Sax
13-3/8"	293'	300
8-5/8"	2303'	1200
5-1/2"	6515'	300
2-3/8"	6048'	

Remarks: **API gvt. 36.1, SOR 1742:1**
This is a dual Blinebry (Oil) and Tubb (Gas) well.

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

Approved **October 3,** 19**64**

Tidewater Oil Company

(Company or Operator)
Original Signed By

By: **C. L. WADE**
(Signature)

OIL CONSERVATION COMMISSION

By: _____

Title **Area Supt.**

Send Communications regarding well to:

Name **C. L. Wade**

Address **Box 249, Hobbs, New Mexico**

Title _____