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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

Supersedes Old C-104 and C-110
Effective 1-1-65REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

5 - NMOCB
1 - W. L. Boone
1 - R. H. Coe
1 - File

MAR 28 3 21 PM '67

Operator
TIDEWATER OIL COMPANYAddress
P. O. Box 249, Hobbs, New Mexico

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	S. J. Sarkeys	Well No.	5	Well Name, including Formation	Wantz Abo	Kind of Lease	State, Federal or Fee	Fee	
Location	Unit Letter	C	330	Feet From The	North	Line and	2310	Feet From The	West
Line of Section	26	Township	21-S	Range	37-E	N.M.P.M.	Lea	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas New Mexico Pipe Line Co.	Box 1510, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Skelly Oil Company	Box 1135, Eunice, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is it actually connected?	When
	F	26	21	37	No	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					
Date Spudded	2-23-67	Date Compl. Ready to Prod.	3-22-67	Total Depth	7300	Perf. TD.	7267	
Pool	Wantz Abo	Name of Producing Formation	Abo	Top Oil/Gas Pay	6797	Tubing Depth	6762	
Perforations	6797 - 7250					Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2	13-3/8	344	325					
11	8-5/8	2449	2100					
7-7/8	5-1/2	7299	1020					

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	3-22-67	Date of Test	3-24-67	Producing Method (Flow, pump, gas lift, etc.)	Flowing
Length of Test	24	Tubing Pressure	550	Casing Pressure	Packer
Actual Prod. During Test	183	Oil-Bbls.	183	Water-Bbls.	None
				Gas-MCF	262

GAS WELL

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

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
O. B. WADE

(Signature)

Area Superintendent

(Title)

March 28, 1967

(Date)

OIL CONSERVATION COMMISSION

APPROVED

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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