

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

4-OCC
1-Houston
1-Midland **1-File**

APR 3 8 26 AM '64
OFFICE O. C. C.

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 QUADRUPPLICATE 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

4-1-64

(Place)

(Date)

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

Tidewater Oil Company

State "S"

Well No. **6** in **NE** $\frac{1}{4}$ **NW** $\frac{1}{4}$

(Company or Operator)

(Lease)

C

Sec. **15**

T. **21-S**

R. **37-E**

NMPM,

Drinkard

Pool

Unit Letter

Lea

Rework

Rework

County. Date **3-25-64**

Date ~~3-25-64~~ Completed **3-27-64**

Elevation **3459 DF**

Total Depth **7675'** FBTD **7335'**

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

760' FNL & 1980' FNL

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
13-3/8	295	300
8-5/8	2997	2000
5-1/2	2839 7674*	350
2-3/8	6575	

PRODUCING INTERVAL -

Perforations **6506, 6515, 6526, 6535, 6540, 6546.5'**

Open Hole **-** Depth **-** Casing Shoe **7674** Depth **-** Tubing **6575**

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): **150** bbls. oil, **0** bbls. water in **20** hrs, **-** min. Size **13/64** 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 gal. 15% NE acid, 20,000 gals Ref. Oil & 20,000# 20-40 sd.**

Casing Press. **Phs.** Tubing Press. **670** Date first new oil run to tanks **3-31-64**

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

Gas Transporter **Skelly Oil Company**

Remarks: ***Lines hung in 8-5/8" @ 2839'.**

Corr. API Gvty. 37.9°, GOR 1909

5-1/2 x 2-3/8 sweet x-100 Packer @ 6409'.

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

Approved _____, 19____

OIL CONSERVATION COMMISSION

By: _____

Title _____

Tidewater Oil Company

(Company or Operator)
Original Signed

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

Title: **Area Superintendent**

Send Communications regarding well to:

Name: **C. L. Wade**

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