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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE POOL O.C.C.
AND 110000
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
MAY 31 3 15 PM '66

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
Tidewater Oil Company
Address
Box 249, Hobbs, New Mexico
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Percy Hardy	Lease No. 2	Well No. 2	Pool Name, including Formation Blinebry	Kind of Lease State, Federal or Fee Fee
Location Unit Letter 0 ; 660 Feet From The South Line and 1980 Feet From The East Line of Section 17 Township 21 S Range 37 E , NMPM, 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"/> Texas-New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Company	Address (Give address to which approved copy of this form is to be sent) Box 1135, Eunice, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 17	Twp. 21 S	Rge. 37 E	Is gas actually connected? no	When

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest.	Diff. Rest.
Date Start Rework Started 5-9-66	Date Compl. Ready to Prod. 5-26-66	Total Depth 6650			P.B.T.D. 6150			
Elevations (DF, RKB, RT, GR, etc.) 3478 GR	Name of Producing Formation Blinebry			Top Oil/Gas Pay 5845		Tubing Depth 5794		
Perforations 5845, 55, 59, 67, 70, 77, 83, 87, 95 and 5898						Depth Casing Shoe 6650		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/4	13-3/8		295		325			
11	8-5/8		2800		1200			
7-7/8	5-1/2		6650		500			

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 5-25-66	Date of Test 5-25-66	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hrs.	Tubing Pressure 350	Casing Pressure Pkr.	Choke Size 20/64
Actual Prod. During Test 41	Oil-Bbls. 39	Water-Bbls. 2	Gas-MCF 150

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
G. L. WADE

(Signature)

Area Supt.

(Title)

May 27, 1966

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19

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 transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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