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NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE
4-OCC **1-Kirby Pet. Co.**
1-Houston **1-File**
1-Midland

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

Hobbs, New Mexico

11-3-64

(Place)

(Date)

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

Tidewater Oil Company

D. A. Williamson, Well No. **1**, in **NW** $\frac{1}{4}$, **NW** $\frac{1}{4}$,

(Company or Operator)

(Lease)

D

23

T

21

R

37

NMPM.

Blinberry

Pool

Unit Letter

Lea

Rework

Rework

County Date **10-24-64**

Date **10-31-64** Completed

Elevation **3411 FT**

Total Depth **6620** PBD **6544**

Please indicate location:

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

Top Oil/Gas Pay **5754'**

Name of Prod. Form. **Blinberry**

PRODUCING INTERVAL -

Perforations **5754, 5759, 5786, 5796, 5815, 5821, 5831, 5836 & 5854'**

Open Hole **None** Depth **6573** Depth **5776'**

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): **128** bbls. oil, **0** bbls water in **14** hrs, **30** min. Size **16/64** 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): _____

Casing Press. **Pkr.** Tubing Press. **425** Date first new oil run to tanks **November 2, 1964**

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

Gas Transporter **Skelly Oil Company**

Remarks: **GOR 828/1, API Corr. Gvty. 39.6°**
TIN PJAC Packer @ 5647' **Well formerly completed in the Drinkard Zone.**

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

Approved _____, 19____

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**

Title _____

Box 249, Hobbs, New Mexico