

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New MexicoREQUEST FOR (OIL) - (GAS) ALLOWABLE
DISTRICT OFFICE

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

Box 547 Hobbs, New Mexico April 11, 1954
(Place) (Date)

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

Tide Water Assoc. Oil Company, L.A. Williamson Well No. 2, in SW 1/4 NW 1/4,
(Company or Operator) (Lease)
E, Sec. 23, T. 21-N, R. 37-E, NMPM, Hobbs Pool
(Unit)
Lea County. Date Spudded 3-30-54, Date Completed 3-30-54

Please indicate location:

Elevation 3415' Total Depth 6615' P.B. 6603'

Top oil/gas pay 6115' Top of Prod. Form 6060'

Casing Perforations: 6115' - 6235' or

Depth to Casing shoe of Prod. String 6520'

Natural Prod. Test None BOPD

based on bbls. Oil in Hrs. Mins.

Test after acid or shot BOPD

Based on bbls. Oil in Hrs. Mins.

Gas Well Potential Est. 1000 MCF/D (No open flow potential to date)

Size choke in inches 2" (16 hr. Shut In G.P. - 4600)

Date first oil run to tanks or gas to Transmission system:

Transporter taking Oil or Gas: El Paso Natural Gas Company

Remarks: Perforations 6115' - 6235' interval 4/5000 gain 15% reg. This well re-completed as
a dual (oil/gas) (for max. flow) well in or about Order No. 20-66 dated 2-15-54.

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

Approved _____, 19____

TIDE WATER ASSOCIATED OIL COMPANY
(Company or Operator)By: J. G. Stanley
OIL CONSERVATION COMMISSION

Title _____

Title _____

By: H. P. Shackelford
(Signature)Title District Manager
Send Communications regarding well to:

Name H. P. Shackelford

Address Box 547 Hobbs, N.M.

ILLEGIBLE