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LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

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

New Well
~~Not a New Well~~

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, N. Mex.

2-12-64

(Place)

(Date)

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

Tidewater Oil Company

State "S"

Well No. 8

in NE

NE

1/4

(Company or Operator)

(Lease)

A

Sec 15

T 21S

R 37E

NMPM,

Drinkard

Pool

Unit Letter

Lea

County. Date Spudded. 11-22-63

Date Drilling Completed 12-10-63

Please indicate location:

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

660' FNL, 660' FEL

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
13-3/8	336	325
8-5/8	3007	935
5-1/2	6693	1180
2-1/16	5913	(Blindbry)
2-1/16	6511	(Drinkard)

Elevation 3455' DF

Total Depth 6700

PBTD 6545

Top Oil/Gas Pay 6517

Name of Prod. Form. Drinkard

PRODUCING INTERVAL -

Perforations 6517-20, 6523-26 & 6536-39'

Open Hole

Depth

Casing Shoe 6693

Depth

Tubing

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): 20 bbls. oil, 0 bbls. water in 24 hrs, 0 min. Size 32/64 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): 2500 gals. NE acid, 76,410 gals. lease crude

Casing

Tubing

Date first new

oil run to tanks 2-10-64

Press.

Press.

Oil Transporter

Texas-New Mexico Pipeline Co.

Gas Transporter

Skelly Oil Company

Remarks API corr. gravity 39°.

This is a dual Blindbry-Drinkard oil well. This pertains to Drinkard only.

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: G. L. WADE (Signature)

Title Area Supt.

Send Communications regarding well to:

C. L. Wade

Name

Box 249, Hobbs, N. Mex.

Address

OIL CONSERVATION COMMISSION

By: _____

Title _____