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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 - Pile

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

1-21-64

(Place)

(Date)

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

Tidewater Oil Company

State "S"

Well No. 8, in NE 1/4, NE 1/4,

(Company or Operator)

(Lease)

A

Sec. 15

T. 21S

R. 37E

NMPM, Blinebry

Pool

Unit Letter

Lea

Please indicate location:

D	C	B	A #8
E	F	G	H
L	K	J	I
M	N	O	P

660' PNL, 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	

County. Date Spudded 11-22-63

Date Drilling Completed 12-10-63

Elevation 3455 D.F.

Total Depth 6700

FBTD 6545

Top Oil/Gas Pay 5795

Name of Prod. Form. Blinebry

PRODUCING INTERVAL - 5795-97, 5804-09, 5818-22, 5831-40, 5847-51, 5855-57, 5872-74, 5878-83, & 5903-07.

Perforations 5855-57, 5872-74, 5878-83, & 5903-07.

Open Hole None Depth 6693' Casing Shoe 5913'

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 84 bbls. oil, 0 bbls. water in 15 hrs, 30 min. Size 12/64

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. acid, 30,000 gals. ref. oil, 28,722# 20-40 sand

Casing - Tubing 225 Date first new 1-19-64
Press. _____ Press. _____ oil run to tanks

Oil Transporter Texas-New Mexico Pipeline Co.

Gas Transporter Skelly Oil Co.

Remarks: This is anticipated to be a dual Drinkard-Blinebry oil completion. This pertains to Blinebry only. GOR 790:1, corr. gvt. 35.7

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

Tidewater Oil Company

Approved _____, 19_____

(Company or Operator)
Original Signed By

By: C. L. WADE
(Signature)

Title Area Supt.

Send Communications regarding well to:
C. L. Wade

Name _____

Address Box 249, Hobbs, N. Mex.

OIL CONSERVATION COMMISSION

By: _____

Title _____