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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE ~~HOBBS OFFICE O. C. C.~~
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

JAN 25 11 53 AM '67

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

Orig & 4cc: NMOCC - Hobbs
cc: Boone - Houston
cc: Coe - Midland
cc: File

I.

Operator
TIDEWATER OIL COMPANY

Address
P. O. Box 249, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

				Other (Please explain)
New Well	[X]	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	Well No.	Pool Name, Including Formation	Kind of Lease
State A	5	Eunice (Grayburg S. A.)	State, Federal or Fee State

Location

Unit Letter **A** ; **660** Feet From The **North** Line and **760** Feet From The **East**

Line of Section **8** , Township **21-S** Range **36-E** , NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Texas-New Mexico Pipeline Co.	P. O. Box 1510, Midland, Texas

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Co.	Phillips Bldg., Odessa, Texas

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	8	21	36	Yes	1-20-67

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
11-6-66	1-10-67	4020	3907

Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Eunice	Grayburg S. A.	3713	3880

Perforations	Depth Casing Shoe
3792 - 384	4019

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	8-5/8	1315	550
7-7/8	4-1/2	4019	615
	2-3/8	3880	

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
1-19-67	1-21-67	Pump

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	--	--	2"

Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
55	22	33	17

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

_____
(Signature)

Area Superintendent
(Title)

January 24, 1967
(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 Sections I, II, III, and VI only 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