

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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 the well is producing during the 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.

Box 547, Hobbs, N. Mex. 1-19-60
(Place) (Date)

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

Tidewater Oil Co. **E. F. King**, Well No. **4**, in **1/4** Sec. **1**, T. **23S**, R. **36E**, NMPM., **Langlie Mattix** Pool

Unit Letter **M**, Sec. **1**, T. **23S**, R. **36E**, NMPM., **Langlie Mattix** Pool

County **Lea**, Date Spudded **1-2-60**, Date Drilling Completed **1-11-60**
Elevation **3437 KB**, Total Depth **3800**, PBTD **3795**

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

Top Oil/Pgs Pay **3699**, Name of Prod. Form **Queen**

PRODUCING INTERVAL -

Perforations **3699-3710, 3714-3722**

Open Hole **-**, Depth **-**, Casing Shoe **2798**, Depth **3681**, Tubing

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): **254** bbls. oil, **0** bbls water in **22** hrs, **0** min. Size **20/64**

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) **1,000 gal. acid, 10,000 gal. refined oil, 30,000# sand.**

Casing **3300**, Tubing **-**, Date first new **1-18-60**
Press. **3300**, Press. **-**, oil run to tanks

Oil Transporter **Texas-New Mexico Pipeline Co.**

Gas Transporter **Skelly Oil Co.**

Remarks: _____

I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved _____, 19____

Tidewater Oil Co.

(Company or Operator)

Original Signed By:

H. P. Shackelford
(Signature)

By: _____

Title **Area Supt.**

Send Communications regarding well to:

Name **H. P. Shackelford**

Address **Box 547 Hobbs, N. M.**

OIL CONSERVATION COMMISSION

By: _____

Title _____