

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

REQUEST FOR (OIL) - ~~(GAS)~~ ALLOWABLE

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 QUADRUPPLICATE to the same District Office to which Form C-104 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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico

April 18, 1956

(Place)

(Date)

Pacific Western Oil Corp. - Owner

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

Tide Water Assoc. Oil Co. - Operator Geo. Riggs

(Company or Operator)

(Lease) "B"

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

A, Sec. 1, T.26-S., R. 37-E., NMPM., Langley-Pattie Pool

(Unit)

Lea County. Date Spudded 3-24-56, Date Completed 4-12-56

Please indicate location:

| | | | |
|--|--|--|---|
| | | | X |
| | | | |
| | | | |
| | | | |

Elevation 3042 K.D. Total Depth 3340', P.B. 3337'

Top oil pay 3304' Name of Prod. Form Queen (Penrose)

Casing Perforations: 3304' - 3318' & 3326' - 3336' or

Depth to Casing shoe of Prod. String 3340'

Natural Prod. Test None BOPD

based on bbls. Oil in Hrs. Mins.

Test after sandfrac acid or shot 183 BOPD

Based on 72.3 bbls. Oil in 9 Hrs. 30 Mins.

Gas Well Potential - GGR 494/1

Size choke in inches

Gel W/200 cu. ft. of Stratacrete

Date first oil run to tanks or gas to Transmission system: 4-12-56

Transporter taking Oil or Gas: Cactus Petroleum, Inc. - by trucks

Sec. 1, T26S, R37E

Casing and Cementing Record

Size Feet Sax

| | | |
|---------|------|----------------|
| 8-5/8 | 412' | 300 |
| * 5-1/2 | 3340 | 800 of 8% Rego |
| | | 200 Rego |

Remarks: * Top of cement behind 5-1/2" casing = 1000' down from K.D.

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

Approved _____, 19____

OIL CONSERVATION COMMISSION

By: _____

Title _____

TIDE WATER ASSOCIATED OIL COMPANY

(Company or Operator)

By: H.P. Shackelford

(Signature) H.P. Shackelford

Title Area Superintendent

Send Communications regarding well to:

Name H.P. Shackelford

Address Box 517 Hobbs, New Mexico