

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New MexicoREQUEST FOR (OIL) - ~~(GAS)~~ ALLOWABLENew 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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico

5/13/55

(Place)

(Date)

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

Tide Water Assoc. Oil Company L.M. Buffington

Well No. 1

NW

SW

(Company or Operator)

L

Sec. 18

T. 25-S

(Lease)

R. 38-E

NMPM,

Undesignated

Pool

(Unit)

Lea

County. Date Spudded

4-17-55

Date Completed

5-10-55

Please indicate location:

330.	1650		

Sec. 18, T25S, R38E

## Casing and Cementing Record

Size Feet Sax

9-5/8"	412	350
		300
5-1/2"	3402	8% & 200
		Neat

Elevation 3095 D.F. Total Depth 3405 P.B. 3400

Top oil/gas pay 3348 Name of Prod. Form Queen-Penrose

Casing Perforations: 3348' - 3352'; 3360' - 3385' or

Depth to Casing shoe of Prod. String 3402'

Natural Prod. Test None BOPD

based on bbls. Oil in Hrs. Mins.

Test after acid or shot 90 BOPD

Based on 79.2 bbls. Oil in 22 Hrs. 0 Mins.

Gas Well Potential

Size choke in inches 11/64"

Date first oil run to tanks or gas to Transmission system: 5-10-55

Transporter taking Oil or Gas: Texas-New Mexico Pipe Line Company

Remarks: Top of the cement behind the 5-1/2" casing at 1920'

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

Approved: \_\_\_\_\_, 19\_\_\_\_

TIDE WATER ASSOCIATED OIL COMPANY

(Company or Operator)

OIL CONSERVATION COMMISSION

By: H.P. Shackelford

(Signature)

Area Superintendent

Title: \_\_\_\_\_

Send Communications regarding well to:

Name: H.P. Shackelford

Box 547 Hobbs, New Mexico

By: \_\_\_\_\_

Title: \_\_\_\_\_