

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE C. C. C.

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

5 - NMCC
1 - W. L. Boone
1 - R. H. Coe
1 - File

TIDEWATER OIL COMPANY	
P. O. Box 249, Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	
New Well	Change in Transporter's
Existing Lease	or Dry Gas
Change in ownership	or other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Justis McKee Unit	Well No., Pool Name, Including Formation	701 Justis McKee	Kind of Lease	State, Federal or Fee	Fed.
Location	Unit Letter M	660	Feet From The South	Line and 330	Feet From The West	
Line of Section	19	Township 25S	Range 38E	Lea	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate	Shell Pipe Line Co.	Address (Give address to which approved copy of this form is to be sent)	Box 1910, Midland, Texas			
Name of Authorized Transporter of Gas <input checked="" type="checkbox"/> or Dry Gas	El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent)	Box 1384, Jal, New Mexico			
If well produces oil or gas, give location of lease.	B	24	25S	37	Yes	1-1-66

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	Leaper	Flow Back	Same Res'y.	Diff. Res'y.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		Feet			
Pool	Name of Producing Formation		Top Oil/Gas Pay		Feet			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Testing Pressure	Casing Pressure	Shake Size
Actual Prod. During Test	Oil-Brils.	Water-Brils.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF	Length of Test	Brils. Condensate-201°F	Gravity of Condensate
Testing Method (pitot, back pr.)	Testing Pressure	Casing Pressure	Shake Size

VI. CERTIFICATE OF COMPLIANCE

OIL CONSERVATION COMMISSION

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.

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

C. L. Wade

Area Superintendent

(Title)

March 27, 1967

(Date)