

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 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 new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico

July 13, 1959

(Place)

(Date)

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

Tidewater Oil Company L. S. Buffington "A"

Well No. 1-D

SW

3/4

1/4

Company or Operator

19

T. 23S

(Range)

38E

R. NMPM

Justis McKee

Pool

Unit Letter
Sec.

County, Date Spudded 5/28/59

Date Drilling Completed 7/9/59

Please indicate location:

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

Elevation 7402 Total Depth 3025 FBTD
Top Oil/Gas Pay McKee
Name of Prod. Form.

PRODUCING INTERVAL -

Perforations 7402 to 7529'

Open Hole Depth Casing Shoe Depth Tubing

OIL WELL TEST -

Natural Prod. Test: bbls. oil, bbls. water in hrs, min. Size Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 134.75 0 24 0 1046
bbls. oil, bbls. water in hrs, min. Size

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. mud acid

Casing Tubing Date first run 7-11-59
Press. oil run to tanks

Oil Transporter Texas-New Mexico Pipeline Company

Gas Transporter El Paso Natural Gas Company

Remarks:

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

Tidewater Oil Company

Approved, 19

(Company or Operator)

OIL CONSERVATION COMMISSION

By: [Signature]

(Signature)

Area Agent

By: [Signature]

Title

Send Communications regarding well to:

R. P. Shackelford

Name

Box 57

Hobbs, New Mexico

Address