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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE U. C.  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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

TIDEWATER OIL COMPANY

P. O. Box 249, Hobbs, New Mexico

Reason(s) for filing (Check proper box)

Other (Please explain)

New Well

Recompletion

Change in ownership

Change in Transporter or

Oil

Dry Gas

Changehead Gas

Condensate

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Justis McKee Unit	Well No.	305	Pool Name, including Formation	Justis McKee	Kind of Lease	State, Federal or Fee	Fed.
Location								
Unit Letter	D	330	Feet From The	North	Line and	330	Feet From The	West
Line of Section	30	Township	25S	Range	38E	NMNM,	Loc	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	X	or Condensate		Address (Give address to which approved copy of this form is to be sent)		
Shell Pipe Line Co.				Box 1910, Midland, Texas		
Name of Authorized Transporter of Gashead Gas	X	or Dry Gas		Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas Co.				Box 1384, Jal, New Mexico		
If well produces oil or liquid, give location of tanks.	Unit	Sec.	Twp.	Rdg.	In gas actually connected?	When
	B	24	25	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	Deepen	Plug Back	Same Reat'y.	Diff. Reat'y.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		F.B.T.D.					
Pool	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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.

C. A. Wade  
(Signature)

Area Superintendent

(Title)

March 27, 1967

(Date)

OIL CONSERVATION COMMISSION

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 well to authorize