

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 O.C.C.

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

5 - NMOC

1 - W. L. Boone

1 - R. H. Coe

1 - File

Form C-104

Supersedes Old C-104 and C-110

Effective 1-1-65

Operator

TIDEWATER OIL COMPANY

Address

Box 249, Hobbs, New Mexico

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

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., Well Name, including location

100 Justis McKee

Kind of Lease

State, Federal or Fee

Fed.

Location

Unit Letter

B

660

Feet From The

North

Line and

1830

Feet From The

East

Line of Section

24

Township

25S

Range

37E

NMPL

Lea

County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

Shell Pipe Line Company

Address (Give address to which approved copy of this form is to be sent)

Box 1910, Midland, Texas

Name of Authorized Transporter of Casinghead Gas

El Paso Natural Gas Co.

Address (Give address to which approved copy of this form is to be sent)

Box 1334, Jal, New Mexico

If well produces oil or liquids, give location of tanks.

Unit

B

24

25S

37E

Is it actually transported?

Yes

When

1-1-66

V. COMPLETION DATA

Designate Type of Completion - (X)

Oil Well

Gas Well

New Well

Workover

Deepen

Plug Back

Same Restv.

Diff. Restv.

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.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 local 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, as 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

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 recomple wells.

Fill out Sections I, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-10 must be filed for each pool in multiply completed wells.