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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION

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

REQUEST FOR ALLOWABLE

AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

**ILLEGIBLE**

Operator: TIDEWATER OIL COMPANY

Address: Box 249, Hobbs, New Mexico

Reason(s) for filing (Check proper box):  
 New Well  Change in Transporter of: Oil  Gas  Dry Gas   
 Recompletion  Gas  Condensate   
 Change in Ownership  Gas  Condensate

If change of ownership give name and address of previous owner

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name: A. B. Coates "C" Well No. Pool Name, Including Formation: 12 Justis Fusselman State: Fed.

Location: Unit Letter K 1980 Feet From The South Line and 1650 Feet From The West Line of Section 24 Township 25-S Range 27-E LEA County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil  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  or Dry Gas : El Paso Natural Gas Co. Address (Give address to which approved copy of this form is to be sent): Box 1364, Jol, New Mexico

If well produces oil or fluids, give location of tanks: Unit B 24 Township 25-S Range 27-E LEA County 1958

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	Back Pack	Time Rest.	Diff. Rest.
<input checked="" type="checkbox"/>								
Date Spudded	Date Compl. Ready to Prod.		Total Depth		Test Time			
Pool	Name of Producing Formation		Top Oil/Gas Key		Tubing Length			
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/MCF	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. E. 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 pool in multiply completed wells.