

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 tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico

11-26-58

(Place)

(Date)

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

Tidewater Oil Company

A. B. Coates "C"

Well No. **13**, in **NE** $\frac{1}{4}$ **SW** $\frac{1}{4}$,

K

24

T. 25S

(Lease)

R. 37E

NMPM,

Justis Gas

Pool

Lea

Please indicate location

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

Country Date Spudded **4-16-58**

Date Drilling Completed **5-23-58**

Elevation **3086 K.B.**

Total Depth **8205**

FBTD **--**

Oil/Gas Pay

Name of Prod. Form.

Glorieta

PRODUCING INTERVAL -

Perforations

4691-4709 & 4720-40

Cover Hole

Depth

8160

Depth

8166

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): _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Size _____ Choke

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: **2,992** MCF/day; Hours flowed **24**

Choke Size **1/2** Method of Testing: **Orifice well tester**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and

sand): **500 gals. mud acid, 2,000 gals. Reg. acid, 5000 gals. acidfrac**

Casing _____ Tubing _____ Date first new _____ **5,000# sand**

Press. **1600** Press. _____ oil run to tanks _____

Oil Transporter **Texas-New Mexico Pipeline**

Gas Transporter **El Paso Natural**

Tubing, Casing and Cementing Record

Size	Feet	S&W
13-3/8	541	550
9-5/8	3349	1200
7	8160	850
2-3/8	8166	

Remarks **This is a dual well, above pertains to the casing tubing annulus-gas section.**
Packer set @ 7824'.

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

Approved _____, 19____

Tidewater Oil Company

(Company or Operator)

By: **E. P. Shackelford**

(Signature)

Title: **Area Supt.**

Send Communications regarding well to:

Name: **E. P. Shackelford**

Address: **Box 547 Hobbs, New Mexico**

OIL CONSERVATION COMMISSION

By: _____

Title: _____