

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 8-21-57
(Place) (Date)

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

Tidewater Oil Company A.B. Coates "C", Well No. 7, in SW 1/4 NE 1/4,
(Company or Operator) (Lease)
G Sec. 24, T. 25S, R. 37E, NMPM., Undesignated Pool
Unit Letter
Lea

County. Date Spudded 6-23-57 Date Drilling Completed 8-19-57
Elevation 3080 KD. Total Depth 8065 PBTD

Please indicate location:

D	C	B	A
E	F	G 7	H
L	K	J	I
M	N	O	P

Top Oil/Gas Pay 7814 Name of Prod. Form. Ellenberger

PRODUCING INTERVAL -

Perforations None

Open Hole 7937'-8065' Depth Casing Shoe 7937' Depth Tubing 8055'

OIL WELL TEST -

Natural Prod. Test: 410 bbls. oil, None bbls water in 6 hrs, 0 min. Size 1/2 Choke

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

GAS WELL TEST -

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Tubing, Casing and Cementing Record

Size	Feet	Sax
13-3/8	535	525
9-5/8	3384	1500
7"	7937	850
2-3/8	8055	

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):

Casing Tubing Date first new
Press. Press. oil run to tanks

Oil Transporter

Gas Transporter

Remarks:

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)

OIL CONSERVATION COMMISSION

By: H. P. Shackelford
(Signature)

By:

Title Area Supt.

Send Communications regarding well to:

Title

Name H. P. Shackelford

Address Box 547 Hobbs, New Mexico