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TRANSPORTER	OIL GAS
OPERATOR	
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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

REQUEST FOR ALLOWABLE HOBBBS OFFICE O. E. C.
ANDSupersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

MAY 29 10 29 AM '67

Operator TIDEWATER OIL COMPANY	
Address Box 249, Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: <input checked="" type="checkbox"/> OIL <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Other (Please explain)

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name A. B. Coates "C"	Well Name CO	Justis Ellenburger	Kind of Lease State, Federal or Free Fed.
Location Unit Letter A, 990 Feet From The North Line and 990 Feet From The East Line of Section 24, Township 25-S, Range 37-E, NMPM, Lea County			

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> 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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Box 1384, Jol, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 24	Twp. 25	Range 37	Is it actually connected? Yes	When 1959

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Casing Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res.v. <input type="checkbox"/>	Diff. Res.v. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.		Total Log P.		L.H.T.D.			
Pool	Name of Producing Formation		Type of Gas, Dry		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. 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 allow-
able 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.