

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

Hobbs, New Mexico
(Place)

10-19-60
(Date)

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

Tidewater Oil Company A. B. Coates "C", Well No. 23, in SE $\frac{1}{4}$ SE $\frac{1}{4}$,
(Company or Operator) (Lease)

P 24, Sec. 24, T. 25S, R. 37E, NMPM, Justis Blinebry Pool
Unit Letter

Lea

Please indicate location:

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

County. Lea Date Spudded 8-4-60 Date Drilling Completed 9-2-60
Elevation 3084 D.F. Total Depth 5950 FBTD 5950

Top Oil/Gas Pay 5065 Name of Prod. Form. Justis Blinebry

PRODUCING INTERVAL -

Perforations 5338-5376; 5400-5409; 5415-5424; 5453-5480'.

Open Hole _____ Depth _____ Casing Shoe 5950 Depth _____ Tubing 5318

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 Choke
load oil used): 119 bbls. oil, 1 bbls. water in 13 hrs, 0 min. Size 12/64

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>13-3/8</u>	<u>535</u>	<u>550</u>
<u>9-5/8</u>	<u>2366</u>	<u>1100</u>
<u>7</u>	<u>5950</u>	<u>700</u>
<u>2-3/8</u>	<u>5318</u>	

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): 1000 gals. NE acid, fraced w/ 10,000 gal. ref. oil & 40,300# of sand

Casing _____ Tubing _____ Date first new _____
Press. Pkr. Press. 5700 oil run to tanks October 9, 1960 sand

Oil Transporter Texas-New Mexico Pipeline Co.

Gas Transporter El Paso Natural Gas Co.

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: [Signature]

Title _____

Original Signed By

By: T. E. WEAVER
(Signature)

Title Area Supt.

Send Communications regarding well to:

Name Thomas E. Weaver

Address Box 547, Hobbs, N. Mex.