NEW M[illegible]CO 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 (Place) 8-29-58 (Date)

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

TIDEWATER OIL COMPANY (Company or Operator) A.B. Coates "D" (Lease), Well No. 2, in SE ¼ SW ¼,

N Unit Letter, Sec. 24, T. 25S, R. 37E, NMPM., JUSTIS-DRINKARD Pool

LEA County. Date Spudded 7-21-58 Date Drilling Completed 8-19-58

Elevation 3079 D.F. Total Depth 7007 P.B. 8-19-58

Top Oil/Gas Pay 5850 Name of Prod. Form. DRINKARD

PRODUCING INTERVAL -

Perforations 5870 - 5936

Open Hole NONE Depth Casing Shoe 7005 Depth Tubing 6027

OIL WELL TEST -

Natural Prod. Test: 114.8 bbls.oil, 2 bbls water in 20 hrs, - min. Choke Size 18/64

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. Choke Size _____

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: _____ 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): 500 Gal mud acid & 500 gal 15% reg. acid.

Casing Press. 900 Tubing Press. 1100psi Date first new oil run to tanks 8-26-58

Oil Transporter Texas-New Mexico Pipe Line Co.

Gas Transporter El Paso Natural Gas Co.

Please Indicate location:

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
13-3/8	528	550
9-5/8	3315	1300
7	7005	800
2-3/8	6027	

Remarks: Dual completion Drinkard - Fusselman w/ Baker model "D" packer @ 6370'.

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

Approved _____, 19____

OIL CONSERVATION COMMISSION

By: _____

Title _____

TIDEWATER OIL COMPANY (Company or Operator)

By: E W Hogue (Signature)

Title: Production Foreman

Send Communications regarding well to:

Name: H.P. Shackelford

Address: Box 547 Hobbs, New Mexico