

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, N. Mex. 6/2/59
(Place) (Date)

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

Tidewater Oil Company A. B. Coates, Jr. Well No. 3 in NE $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)

N Sec. 24 T. 35S R. 37E NMPM, Justis Eilenburger Pool
Unit Letter

Lea County. Date Spudded 3/20/59 Date Drilling Completed 5/27/59

Please indicate location:

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

Elevation 3085 D.P. Total Depth 8260 PBTD

Top Oil/Gas Pay 8243 Name of Prod. Form. Justis Eilenburger

PRODUCING INTERVAL -

Perforations

Open Hole 8243 to 8260 Depth 8243 Depth 8255
Casing Shoe Tubing

OIL WELL TEST -

Natural Prod. Test: 147 bbls. oil, 113 bbls water in 24 hrs, 0 min. Size 1/4 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: 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 5/28/59

Oil Transporter Texas-New Mexico Pipeline Co.

Gas Transporter El Paso Natural Gas Co.

Remarks: This is a dual well. This pertains to the Eilenburger zone only.

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:.....
Original Signed By
H. P. SHACKELFORD
(Signature)

Title.....
Send Communications regarding well to:

Name..... H. P. Shackelford

Address..... Box 547 Hobbs, New Mexico

By:.....
Title.....