

NO. OF COPIES RECEIVED
DISTRIBUTION
SANTA FE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER
OPERATOR
PERORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

JUL 12 8 34 AM '65

5-000  
1-Houston  
1-Midland  
1-File

1. OWNER	
Tidewater Oil Company	
Box 249, Hobbs, New Mexico	
Reason for filing (check proper box)	Other (Please explain)
Change in Transporter of:	
Oil	Change in Pool Designation
Casinghead Gas	
Dry Gas	
Condensate	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No. For Lease, including Perforation	Kind of Lease
GO State "G"	2 Justis Tubb Drinkard	State, Federal or Free State
Section		
East Corner D 430 Feet From The North Line and 990 Feet From The West		
Section 2 Township 25 S Range 37 E	County Lea	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipe Line Company		Box 1510, Midland, Texas
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company		Box 1492, El Paso, Texas
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	C	2
		25
		37
Is well actually connected?	Yes	When
		January 1964

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

PC-135

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Side Rest.	Diff. Rest.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.					
Prod.	Name of Producing Formation	Top Oil/Gas Pay	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.

Original Signed By  
C. L. WADE

(Signature)

Area Supt.

(Title)

July 9, 1965

(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 allowable 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.