Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

Form C-104 Cly Revised 1-1-89 See Instructions AUG 1 6 1993

DISTRICT II P.O. Drawer DD, Anesia, NM 88210

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

O. (. D.

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		IO IHAN	12LOHI	OIL	. ANU NA	TURAL GA					
Decision TIDE WEST OIL COMPANY								ያ(No. 015-25205			
Address 6666 S. Sheridan,		50. Tul	sa OK	741	33_1750						
Reason(s) for Filing (Check proper box)	015 2.	o, lui	Sa OK	741		es (Please explo					
New Well		Change in T	manades a	<i>t</i> .		ea (rieman expe	au,				
Recompletion		·	•	' П							
Change in Operator	Casinghead	Gu [C	Condensate	<u>u</u>							
If change of operator give name and address of previous operator											
II, DESCRIPTION OF WELL A	AND LEA		Sed Marie 1	14	ng Formation		1				
	1 1							of Lease Federal or Fe			
EXXON FEDERAL	Z BRRSHY DRA				AW-DELAWARE Suffe			deral or Fee NM44532		4532	
Location Unit LetterN	. 23	10 r	eat From Ti	he W	est Lin	and 330) _F	et From The	South	Line	
Section 15 Township			Range					ex rioin the .			
				29E		MPM, E	ldy			County	
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 seed)											
[ni)	
						P.O. Box 2436 Abilene, TX 79604					
Name of Authorized Transporter of Casinghead Gas or Dry Gas						Address (Give address to which approved copy of this form is to be sent)					
Conoco Inc.						P.O. Box 1267, Ponca City, OK 74603					
If well produces oil or liquids,					Is gas actually connected? When ?						
give location of tanks.	i n i	15 I	26	29	N/A	,	1				
If this production is commingled with that (N/A			
IV. COMPLETION DATA	ioui any our	er reason po	xor, give con	មារពជនិា	ing olosa mmp		·				
Designate Type of Completion	· (Y)	Oil Well	Gas W	'•1 1	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Resiv	
Date Spudded		I. Ready to P	rod.		Total Depth	<u></u>	<u> </u>	P.B.T.D.	<u> </u>	1	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Psy						
Patie of Florida Politicos								Tubing Depth			
Perforations					L.,			Depth Casin	g Shoe		
									_		
		LIBING C	'ASING A	ND	CEMENT	NG PECOP	<u> </u>	1			
HOLE SIZE	TUBING, CASING AND				CHILLIA			T			
TIOCE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
								<u> </u>			
							1				
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE		L						
OIL WELL (Test must be after re				i muss	he equal to se	erceed ton all	makle for thi	a damek an ba	fan 6.11 24 hau	1	
Date First New Oil Run To Tank	Date of Tes								or jus 24 nou	73.)	
						Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure				Casing Press	11.0		Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbla.			Gaa- MCF				
GAS WELL	<u> </u>				<u> </u>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<u> </u>	7-45-1		
	T			· · · · · ·							
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choka Siza			
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Signature Signature					OIL CONSERVATION DIVISION AUG 1 6 1993 Date Approved By ORIGINAL SIGNED BY MIKE WILLIAMS						
Pripted Name Title (918)488-8962 Date Telephone No.					Title SUPERVISOR, DISTRICT II						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.