District I PO Box 1980, Hobbs, NM 88241-1980

State of New Mexico

Form C-104 Revised October 18, 1994 Instructions on back ropriate District Off

District II 811 South First, Artesia, NM 88210

District III	, Alleiz, I	IN1 0021U	Ü	1L CONS 2040		HON.		ON	Subm	ut to Ap	propria	ite District Office 5 Copie	
1000 Rio Brazo District IV	s Rd., Azte	c, NM 87410				NM 87.						-	
2040 South Pac												NDED REPORT	
I.	F	REQUEST			LE AI	ND AU	THOR	[ZAT]	ION TO TR				
			Operator nan					¹ OGRID Number					
TIDE WEST OIL COMPANY									023067				
6666 S.SHERIDAN, SUITE TULSA, OK 74133							4		3 Reason for Filing Code				
									CG	Effec	tive	10-1-95	
*API Number 30 - 005-60584							P				. F	5 82130	
	COS SLOPE ABO							8273					
155	roperty Cod .82		* Property Name						* Well Number			ell Number	
		Location	MM PEDERAL						1			1	
Ul or lot no.						n the	North/Soi	uth Line	Feet from the	East/We	East/West line County		
V	K 31 9s		26E	10	1980					West Chaves			
		Hole Loc			15	80	Sou		1980	we	st	Chaves	
UL or lot no.	Section	Township	Range	Lot ldn	Feet from	m the	North/So	auth line	Feet from the	East (N)	et line i	<u> </u>	
42 07 101 1101			Jan		reet from the		North/South line		rect from the	East/West line		County	
12 Lse Code	¹³ Produc	ing Method Co	de l'Gas (Connection Date	15 C	-129 Perm	t Number	1 ,	* C-129 Effective	Dote	17 C-1	29 Expiration Date	
P		F							C-127 EMELLIVE		C-1	29 Expiration Date	
	nd Gas	Transport	ters										
Transporter			" Transporter Name			** POD 21 O/G			22 POD ULSTR Location			cation	
OGRID		and Address							and Description				
147831		AGAVE ENERGY CO,				1880530 G							
										 -			
									RECEIVED				
						DEC 0.1 1995							
									, i	راسان	<u>(</u>	100 0	
V. Produced Water							al con DIV.						
۵.	POD				POD UL	POD ULSTR Location and Description							
											Ø!.	<u>'</u>	
		tion Data		· · · · · · · · · · · · · · · · · · ·									
E Spud Date		, F	Ready Date		" TD	* PBT		TD.	" Perfora	tions	s DHC, DC.MC		
3) **													
	31 Hole Size	····	32 Casing & Tubing Size			33 Depth Se			et		³⁴ Sack	s Cement	
		······································		····									
													
			<u> </u>					-				· · · · · · · · · · · · · · · · · · ·	
	Test Da	ata											
Date New Oil "Choke Size		34 Gas Delivery Date 37 Tes			Date	" Test Length		* Tbg. Pressure		" Csg. Pressure			
		4º Oil		** W	43 Water		" Gas		" AOF		1	* Test Method	
45.1		<u> </u>											
I hereby certi with and that th	ty that the ri e information	nes of the Oil C n given above is	onservation Di-	vision have been	complied f my			T CC	YICLD II Y L	7031 5	77.77.0	10) 1	
with and that the information given above is true and complete to the best of my knowledge and belle!							OIL CONSERVATION DIVISION						
Signature:							Approved by: ORIGINAL SIGNED BY TIM W. GUM						
Printed name: KARLA JOHNSON							Title: DISTRICT II SUPERVISOR						
Title:							Approval Date: DEC 0 7 4005						
PRODUCTION ANALYST. Date: Phone: (918) 488-8962									IEC 07 19	<u>45</u>		·	
<u>11-2</u>		erator fill in th	(91	8) 488-8 nber and name	962	IL							
	a. s. sp	 u i u i	. COME HUII	c. and name (or use pre	vious opera	itor						
	Previous (Operator Signa	ture			Printe	d Name			Tit	le .	Date	
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New Mexico Oil Conservation Division C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

separate C-104 must be filed for each pool in a multiple completion.

improperly filled out or incomplete forms may be returned to operators unapproved.

- 1. Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- Reason for filing code from the following table:

 NW New Well

 RC Recompletion

 CH Change of Operator (Include the effec 3.

New well
Recompletion
Change of Operator (Include the effective date.)
Add oil/condensate transporter
Change oil/condensate transporter

AO CG CG RT

AG Add gas transporter
CG Change gas transporter
RT Request for test allowable (Include volume requested)
If for any other reason write that reason in this box,

- 4. The API number of this well
- 5. The name of the pool for this completion
- 6. The pool code for this pool
- 7. The property code for this completion
- 8. The property name (well name) for this completion
- The well number for this completion 9.
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter. 10.
- 11. The bottom hole location of this completion
- 12. Lease code from the following table:

S

Federal State Fee Jicarilla NU

Navajo Ute Mountain Ute Other Indian Tribe

- The producing method code from the following table:
 F Flowing
 P Pumping or other artificial lift 13
- MO/DAYR that this completion was first connected to a gas transporter
- The permit number from the District approved C-129 for this completion 15
- MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this 17.
- 18. The gas or oil transporter's OGRID number
- 19. Name and address of the transporter of the product
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.
- Product code from the following table:

 O Oil
 G Gas 21.

- 22. The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD",etc.)
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 23.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.) 24.
- 25. MO/DA/YR drilling commenced
- 26 MO/DA/YR this completion was ready to produce
- Total vertical depth of the well
- Plugback vertical depth
- 29. Top and bottom perforation in this completion or casing shoe and TD if openhole
- Write in 'DHC' if this completion is downhole commingled with another completion, 'DC' if this completion is one of two non-commingled completions in this well bore, or 'MC' if there are more than three non-commingled completions in this well bore. 30.

- 31. Inside diameter of the well have
- 32. Outside diameter of the casing and tubing
- 33. Depth of casing and tubing. If a casing liner show top and
- Number of sacks of cement used per casing string

If the following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- MO/DA/YR that new oil was first produced
- 36. MO/DA/YR that gas was first produced into a pipeline
- 37 MO/DA/YR that the following test was completed
- 38. Length in hours of the test
- 39. Flowing tubing pressure - oil welts Shut-in tubing pressure - gas wells
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- 41. Diameter of the choke used in the test
- 42. Barrels of oil produced during the test
- 43. Barrels of water produced during the test
- MCF of gas produced during the test
- 45. Gas well calculated absolute open flow in MCF/D
- 46. The method used to test the well:

F Flowing
P Pumping
S Swabbing
If other method please write it in.

- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 47.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 48.