

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Drawer DD  
Artesia, NM 88210

OCT 26 1994

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

5. Lease Designation and Serial No.  
**NMNM 36409**

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

**NM061P3584C429**

8. Well Name and No.

**McClellan Fed Com #8**

9. API Well No.

**30-005-62170**

10. Field and Pool, or Exploratory Area

**Pecos Slope Abo**

11. County or Parish, State

**Chaves, New Mexico**

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

**Tide West Oil Company**

3. Address and Telephone No.

**6666 S. Sheridan Rd., Suite 250, Tulsa, Oklahoma (918) 488-8962**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

**SW/SW Sec. 28- 5S - 25E**

**990 FSL 660 PUL**

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other Permit to Commingle

- ☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

1. Tide West Oil Company requests permission for off lease measurement and sale of gas produced from the above site. The gas is measured by Transwestern Pipeline Company at the McClellan MOC Fed. #3 Central Point, Meter Number 021260-01. This station is located in Section 29-5S-25E, Chaves County, New Mexico. Transwestern has no meter on the MOC Federal Com #8 well.

2. Tide West Oil Company requests permission to commingle the gas produced from the following wells, all of which are under Lease #NMNM36409:

**McClellan MOC Fed #3, SESW Sec. 29-5S-25E**

**McClellan MOC Fed #4, SWSE Sec. 29-5S-25E**

**McClellan MOC Fed #8, SWSW Sec. 28-5S-25E**

Sales meter for these three wells is the Transwestern Pipeline Company's Meter # 021260-01, the McClellan MOC #3 Central Point, located in Sec. 29-5S-25E, Chaves County, New Mexico. Production is allocated by individual check meter, measured by Precision Measurement, Inc. of Caspar, Wyoming.

14. I hereby certify that the foregoing is true and correct

Signed [Signature]

Title **Operations Manager**

(This space for Federal or State office use)

Approved by \_\_\_\_\_

Title \_\_\_\_\_

Conditions of approval, if any:

APPROVED Date **10-25-94**

**PETER W. CHESTER**

NOV 1 1994

BUREAU OF LAND MANAGEMENT  
WELL RESOURCE AREA

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See Instruction on Reverse Side

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NOTICE OF INCIDENTS OF NONCOMPLIANCE

Number \_\_\_\_\_  
Page 2 of 3

☐ Certified Mail-Return  
Receipt Requested

☐ Hand Delivered, Received  
by \_\_\_\_\_

Identification	
Lease	NM061P3584C429
CA	
Unit	
PA	

Bureau of Land Management Office ROSWELL RESOURCE AREA OFFICE		Operator TIDE WEST OIL COMPANY	
Address P.O. DRAWER 1857, ROSWELL NM 88202		Address 8666 S. SHERIDAN RD., SUITE 250 TULSA, OK 74133	
Telephone (505) 624-1790		Attention	
Site Name MOC FEL COM	Well or Facility Identification #8	1/4 Sec. SWSW 28	Township 5S
Inspector VIC COATS	Range 25E	Meridian NMPM	

THE FOLLOWING VIOLATION WAS FOUND BY BUREAU OF LAND MANAGEMENT INSPECTORS ON THE DATE AND AT THE SITE LISTED ABOVE.

Date	Time (24-hour clock)	Violation	Gravity of Violation
94/10/11	1015	43CFR3162.7-3	MINOR
Corrective Action To be Completed by	Date Corrected	Assessment for Noncompliance	Assessment Reference
10 BUSINESS DAYS	/ /	\$	43 CFR 3163.1 ( )

Remarks: THE BUREAU OF LAND MANAGEMENT DOES NOT HAVE AN APPROVED APPLICATION ON FILE AT THIS OFFICE FOR OFF LEASE SALES AND MEASUREMENT FOR THE GAS PRODUCED FROM THE ABOVE SITE. THE APPLICATION SHALL INCLUDE THE LEGAL LOCATION OF THE MEASUREMENT STATION, THE NUMBER OF THE MEASUREMENT STATION, AND THE REASON THAT THE GAS CANNOT BE MEASURED AND SOLD ON LEASE.

When violation is corrected, sign this notice and return to above address.

Company Representative Title \_\_\_\_\_ Signature \_\_\_\_\_ Date **NOV 4 1994**

Company Comments \_\_\_\_\_

O.C.D.  
ARTISIA, OFFICE

**WARNING**

Incidents of Noncompliance correction and reporting time frames begin upon receipt of this Notice or 7 business days after the date it is mailed, whichever is earlier. Each violation must be corrected within the prescribed time from receipt of this Notice and reported to the Bureau of Land Management office at the address shown above. Please note that you already may have been assessed for noncompliance (see amount under "Assessment for Noncompliance"). If you do not comply as noted above under "Corrective Action To Be Completed By," you may incur an additional assessment under (43 CFR 3163.1) and may also incur Civil Penalties (43 CFR 3163.2). All self-certified corrections must be postmarked no later than the next business day after the prescribed time for correction.

Section 109(d)(1) of the Federal Oil and Gas Royalty Management Act of 1982, as implemented by the applicable provisions of the operating regulations at Title 43 CFR 3163.2(f)(1), provides that any person who "knowingly or willfully" prepares, maintains, or submits false, inaccurate, or misleading reports, notices, affidavits, records, data, or other written information required by this part shall be liable for a civil penalty of up to \$25,000 per violation for each day such violation continues, not to exceed a maximum of 20 days.

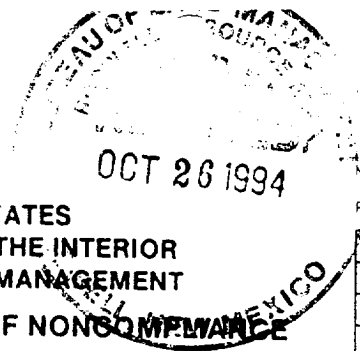
**REVIEW AND APPEAL RIGHTS**

A person contesting a violation shall request a State Director review of the Incidents of Noncompliance. This request must be filed within 20 working days of receipt of the Incidents of Noncompliance with the appropriate State Director (see 43 CFR 3165.3). The State Director review decision may be appealed to the Interior Board of Lands Appeals, 4015 Wilson Blvd., Arlington, VA 22203 (see 43 CFR 3165.4). Contact the above listed Bureau of Land Management office for further information.

Signature of Bureau of Land Management Authorized Officer <i>Vic Coats</i>	Date 10-13-94	Time 10:42
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**FOR OFFICE USE ONLY**

Number	Date	Assessment	Penalty	Termination
Type of Inspection:				



NM-066-95-VC-00

Number \_\_\_\_\_  
Page 3 of 3  
Identification \_\_\_\_\_  
Lease \_\_\_\_\_  
CA NM061P3584C429  
Unit \_\_\_\_\_  
PA \_\_\_\_\_

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
NOTICE OF INCIDENTS OF NONCOMPLIANCE

☐ Certified Mail-Return  
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Telephone (505) 624-1790		Attention _____	
Site Name MOC FED COM	Well or Facility Identification #8	1/4 Sec. SWSW 28	Township 5S
Inspector VIC COATS		Range 25E	Meridian NMPM

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Corrective Action To be Completed by	Date Corrected	Assessment for Noncompliance	Assessment Reference
20 BUSINESS DAYS	/ /	\$	43 CFR 3163.1 ( )

Remarks: THE ROSWELL RESOURCE AREA DOES NOT HAVE ON FILE AN APPLICATION FOR THE COMMINGLING OF THE ABOVE WELL WITH OTHER LEASES AND/OR COMMUNITIZATION AGREEMENTS. THE COMMINGLING APPLICATION SHALL INCLUDE ALL LEASE NAMES, LEASE AND/OR CA NUMBERS, LEGAL LOCATIONS OF EACH WELL, HOW THE PRODUCTION IS ALLOCATED TO EACH WELL INVOLVED, AND THE LEGAL LOCATION OF THE SALES METER AND THE METER NUMBER. SUBMIT APPLICATION FOR APPROVAL.  
When violation is corrected, sign this notice and return to above address.

Company Representative Title \_\_\_\_\_ Signature NOV 4 1994 Date \_\_\_\_\_  
Company Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Signature of Bureau of Land Management Authorized Officer <u>Vic Coats</u>	Date 10-13-94	Time 10:44
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FOR OFFICE USE ONLY

Number	Date	Assessment	Penalty	Termination
Type of Inspection: _____				