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

DISTRICE II P.O. Drawer DD, Artesia, NM 88210

## State of New Mexico iergy, Minerals and Natural Resources Depart

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410	REQUEST FOR ALLOWAE	BLE AND AUTHORIZA AND NATURAL GAS	TION	वर्षेत्र १८८ - व	
I. Operator	TO TRANSPORT OIL	Well API No.			
TIDE WEST OIL COMPANY			30-015- 24955		
Address 6666 SOUTH SHERIDAN, STE 2	250,TULSA,OK 74133-1750				
Reason(s) for Filing (Check proper box)		Other (Please explain)			
New Well	Change in Transporter of:				
Recompletion	Oil Dry Gas Casinghead Oas Condensate				
If change of operator give name	ENERGY COMPANY, P.O. BOX	2880. DALLAS, TX 7	5221-2880		
and address of previous operator				•	
II. DESCRIPTION OF WELL.	Well No. Pool Name, Includi		Kind of Lease State, Federal or Fee	Lease No. NM22634	
MOBIL '22' FEDERAL	BRUSHY DRAV	W - DELAWARE	LFEDERAL		
Location Unit Letter	: 330 Feet From The S	bouth line and 330	Feet From The _	East Une	
Section 22 Township	p = 265 Range $29$	E, NMPM,	<i>E</i>	ddy county	
III. DESIGNATION OF TRANS	SPORTER OF OIL AND NATU	RAL GAS			
Name of Authorized Transporter of Oil NAVAJO CRUDE OIL PURCH.	or Condensate	Address (Give address to which approved copy of this form is to be sent)  DRAWER 159, ARTESIA, N.M. 88210			
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent)  CONOCO INC.  Address (Give address to which approved copy of this form is to be sent)  P. O. BOX 1267, PONCO CITY, OK 74603					
If well produces oil or liquids, give location of tanks.	Unit	Is gas actually connected?	When ? 9-12-8	9-12-84	
	from any other lease or pool, give comming	ling order number:			
IV. COMPLETION DATA	lawa La Wa	New Well Workover	Doepen Plug Back	Same Res'v Diff Res'v	
Designate Type of Completion -	Oil Well Gas Well	New Mell   Motrover	Deepen   Flug Back	Sallie Kes V   Dill Kes V	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	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	S.	ASACKS CEMENT	
THOSE OFF			Pos	J IO-3	
			5	-7-93	
		eng of			
V. TEST DATA AND REQUES	T FOR ALLOWABLE				
OIL WELL (Test must be after re	ecovery of total volume of load oil and must	be equal to or exceed top allowa	ble for this depth or be fo	r full 24 hours.)	
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump,	, gas lyt, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	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 Co	ondensale	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
remain the same to A					
VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION				DIVISION	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above		MAY A 1003			
is true and complete to the best of my knowledge and belief.		Date Approved 4 1993			
9 /X///VL	By ORIGINAL SIGNED BY				
signature Robert H. Mase Vice President		11 TOTAL STATE OF THE STATE OF			
Printed Name 420-93 918-488-8962		Title SUPERVISOR, DISTRICT IN			

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

Date

- 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.

Telephone No.

- 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.