Submit 5 Copies Appropriate District Office		Inergy,	Mineral	s and Na	ural Resources Department			Reveivel	Revise	Form C-104 Revised 1-1-89	
DISTRICT I P.O. Box 1980, Hobbe, NM 88240 DISTRICT II		OIL CONSERVA' P.O. Bo								form of Page	
P.O. Drawer DD, Artesia, NM 88210		S	lanta Fe	, New M	lexico 8750	04-2088		and the constraints			
DISTRICT III 1000 Rio linzos Rd., Aztec, NM 8741 I.	• REC				BLE AND . L AND NA		AS	م بورید مربع			
Openior TIDE WEST OIL COMPANY								API No. 015-25/(24		
Address											
6666 SOUTH SHERIDAN, ST		_SA,OK	74133-	1750		cr (Please expl	ain				
Reason(s) for Filing (Check proper box New Well	Oil	- r	in Transpo Dry Ga			er (i rease exp.					
Change in Operator		ead Oas					<u> </u>				
If change cl operator give name and address of previous operator OR	YX ENERG	Y COMP	ANY, P	.0. BOX	2880. DA	LLAS. TX		2880			
I. DESCRIPTION OF WEL	L AND LF	EASE									
ease Name Well No. Pool Name, Includ										case No. 21767	
Location Unit LetterB		790'			10Rth LIN		9 <u>0</u> F	eet From The	EAS7	Line	
Section 2.2 Town	ship a	<u>65</u>	Range	29	ΩE N	мрм,		E	ddy.	County	
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil NAVAJO CRUDE OIL PURCH		ER OF (or Conde		<u>d natu</u>	RAL GAS			l copy of this for FESIA, N.M.		eni)	
me of Authorized Transporter of Casinghead Gas [X] or Dry Gas [] CONOCO INC.					Address (Give address to which approved P. O. BOX 1267, PO			t copy of this form is to be sent) NCO CITY, OK 74603			
If well produces oil or liquids, jve location of tanks.	Unit	Soc 22	Twp. 26	Rye. 29	Is gas actually	y connected?	When	17			
f this production is commingled with th V. COMPLETION DATA					ling onler numb	xr:					
Designate Type of Completic	(x)	Oil We	11 C	las Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of complete		npi. Ready	Lo Prod.		Total Depth		I	P.B.T.D.	-	_ _	
Elevations (DF, RKB, KT, GR, etc.)	Name of Producing Formation				Top Oil/Cus Pay			Tubing Depth			
erforations					1			Depth Casing Shoe			
					CEMENTIN		D	ч			
HOLE SIZE	C/	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
					·				- 2-9		
								d	hg mp	/	
. TEST DATA AND REQU	EST FOR	ALLOW	ABLE		I				<i>f</i>		
DIL WELL (Test must be afte	r recovery of 1	iotal volumu	of load o	il and must	be equal to or Producing Ma	exceed top allo thod (Flow, pu	mable for thi	s depth or be for uc.)	r full 24 hou	<i>ינו)</i>	
Date First New Oil Run To Tank	Date of T	¢Ø			Troucing Me	una (r iow, pu					
length of Tes	Tubing Pressure				Casing Pressure			Choke Size			
Actual Proc. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	ł										
Actual Prix. Tea - MCF/D	Length of	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
osting Method (pilot, back pr.)	Tubing Pr	Tubing Pressure (Shu-in)				Curing Pressure (Shut-In)			Clicke Size		
				CE				1			
I. OPERATOR CERTIFI I hereby certify that the rules and reg	ulations of the	: Oil Conse	rvation	CL:	C	DIL CON		ATION D		N	
Division have been complied with an is true and complete to the best of m	d that the info y knowledge a	mation given ind belief.	en above		Data	Approved	י א וי.	AY 4 19	93		
ATANAN	2	/				Approved	J	<u> </u>		<u> </u>	
Signature Signature State (By	By ORIGINAL SIGNED BY					
Kobert H. Mase Vice President					MIKE WILLIAMS SUPERVISOR, DISTRICT I						
4-20-93		918-4	88-9								
Date		Tel	ephone No).							

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.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.