Submit 5 Copies Appropriate District Office DISTRICCI		0.0			ural Resources Depart 7 nt			Form C-104 C/Y Revised 1-1-89 C/Y See Instructions A st Bottom of Page V		
P.O. Box 1980, Hobbs, NM 88240		ox 2088		IN	P 8 (1 10q:					
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FO	ia Fe, New M R ALLOWAI	BLE AND	AUTHORIZ	ZATION.	n na series Serie Serie Series Maria Series Series Provincia				
I. Operator	L AND NATURAL GAS									
TIDE WEST OIL COMPANY	30-015-25687									
6666 SOUTH SHERIDAN, STE Reason(s) for Filing (Check proper box		33-1750	Oth	er (Please expla	in)					
New Wel:	Change in T	ransporter of:								
Change In Operator X	Casinghead Gas 🗌 (Condensate								
and address of previous operator <u>OR</u>	YX ENERGY COMPANY	(, P.O. BOX	2880. DA	LLAS. TX	75221-2	2880		- ·		
II. DESCRIPTION OF WEL Lease Name MOBIL '22' FEDERAL							f Lease Lease No. Federal or Fos NM22634 RAL			
Location F		eet From The <u>M</u>	beth Line	and17	80 Fe	et From The	Wes+	Line		
Section 22 Town	thip 265 A	lange 29	E .N	лр <mark>м,</mark>		Ed	tdy	County		
III. DESIGNATION OF TRA Name of Authonized Transporter of Oil NAVAJO CRUDE OIL PURCH	or Condensa		RAL GAS Address (Give			copy of this form ESIA, N.M.		ent)		
Name of Authorized Transporter of Casinghead Gas X or Dry Gas 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.		wp. Rge. 26 29	Is gas actually connected? When 7 VCS			?		<u> </u>		
f this production is commingled with the V. COMPLETION DATA		and the second	······································							
Designate Type of Completio	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	ime Res'v	Diff Res'v		
Date Spixled	and the second	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Form	Top Oil/Gus Pay			Tubing Depth					
eformions			<u> </u>			Depth Casing Shoe				
		ASING AND)	1	0100 0511			
HOLE SIZE	CASING & TUB	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
						5-2-93 rhs op				
	recovery of total volume of	load oil and must					full 24 hou	7 5.)		
Date First New Oil Run To Tank	Date of Test		Producing Me	thod (Flow, pur	np, gas lýt , e	чс.J				
Length of Test	Tubing Pressure	Casing Pressure			Choke Size					
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			Gas- MCF		
GAS WELL			·	·····		1				
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF		Gravity of Condensate						
osting Method (pilot, back pr.)	Tubing Pressure (Shut-in	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)		Choke Size			
VI. OPERATOR CERTIFIC I hereby certify that the rules and reg Division have been complied with an	ulations of the Oil Conservat	ioa	C	DIL CON	SERV	ATION D	·	N		
is true and complete to the test of my	y knowledge and belief.		Date	Approvec	W/	Y 4 199	15			
Signature Roho I II Marco Il co Posident				ByORIGINAL SIGNED BY						
Signature Robert H. Mase Vice President Princed Name 4-20-93 918-488-9862 Date Telephone No.				Title SUPERVISOR, DISTRICT I						
Due	Teleph	one 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.

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.