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

State of New Mexico
Energy, Minerals & Natural Resources Department

Form Out The Revised October 18, 1994

District II

811 South First, Artesia, NM 88210

Instructions on back
Submit to Appropriate District Office

811 South First, Artesia, NM 88210 District III			OIL CONSERVATION DIVISION 2040 South Pacheco						Submit to Appropriate District Office 5 Copies			
1000 Rio Brazos Rd., Aztec, NM 87410 District IV			Santa Fe, NM 87505						AMENDED REPORT			
Z040 South Pac			FOR A			JA dv	THORI	ZATI	ON TO TR	LANSF		
m	OTT 001	Operator na	:					² OGRID Number				
TIDE WEST OIL COMPANY 6666 S. SHERIDAN, SUITE 250									023067 Reason for Filing Code			
ŀ		OK 7413				•						
 	API Number		·		Pool Name			CG Effective 10-1-95				
30 - 0 05-61042			PECO	S SLOPE	4 4			∞		Po	ol Code	
Property Code					roperty Name			Chno	1	'Well Number		
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12 Lse Code	13 Producii	! ng Method Co	de 14 Gas	Connection Date	15 C	-179 Perm	it Number	1	C 120 Effective 1	()	13.0.12	
Lise Code Producing Method Code Gas Connection Date C-129 Permit Number C-129 Effective Date C-129 Ex									9 Expiration Date			
III. Oil and Gas Transporters												
"Transporter "Transporter Name "POD "O/G "POD ULSTR Los									STR Loca	ition		
OGRID			and Address						and Description			
1.14./8.31			ENERGY CO. Fourth St.			1893230 G						
	****	Artesia.		8210								
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IV. Prodi	iced Wa	ter			I	DEC 0 1 1995 DEC 0 1 1995 OIL CON. DIV.						
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		ion Data	·									
21 Spud Date		24 Ready Date		27 TD		* PBTD		D	2º Perforations		™ DHC, DC.MC	
31 Hole Size		l ve			sing & Tubing Size				<u> </u>			
	11016 3126			asing & Tubing	33 Depth Set			1 h		³⁴ Sacks	Cement	
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177 337 22	<u> </u>											
VI. Well Date No.	Test Da			·			· · · · · · · · · · · · · · · · · · ·				·	
Date N	ew Oil	~ Gas Del	ivery Date	" Test	Date		" Test Leng	th	" Tbg. Pr	essure	44	Csg. Pressure
41 Choke Size		42 Oil		43 11:	43 Water							
				rater		4 Gas		4° AOF		"	Test Method	
" I hereby certif	y that the rule	s of the Oil C	onservation Di	vision have been	complied							
1 hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						OIL CONSERVATION DIVISION						
Signature:												
Printed name:							Approved by: ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR					
Kahla Johnson								- DC	A			
Proration Analyst Date: 11-28-95		nalyst	D			Approval Date: UEC 0 7 1995						
Phone: (918) 488-8962 To this is a change of operator fill in the OGRID number and name of the pro-												
r. dip P 3 C	ange of oper	ator fill in the	· OGRID nun	nber and name (of the prev	vious opera	itor					
	Previous O	perator Signat	ure			Printe	d Name			Tit		lhar

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.

A 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.
- 3.

RCACAGE

Reason for filing code from the following table:

NW New Well

RC Recompletion

CH Change of Operator (Include the effective date.)

AO Add oil/condensate transporter

CO Change oil/condensate transporter

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.

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
- 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:

Federal State Fee Jicarilla J

Navajo Ute Mountain Ute Other Indian Tribe

- 13. The producing method code from the following table:
 F Flowing
 P Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a 14 gas transporter
- The permit number from the District approved C-129 for this completion 15.
- 16 MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this completion
- 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.
- Product code from the following table: Oil Gas O
- 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.) 22
- 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.) (Example: "Tank",etc.)
- 25. MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to produce
- 27. Total vertical depth of the well
- 28. 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 bore
- 32. Outside diameter of the casing and tubing
- 33. Depth of casing and tubing. If a casing liner show top and
- 34. 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 35.
- MO/DA/YR that gas was first produced into a pipeline 36.
- 37. MO/DA/YR that the following test was completed
- 38. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 39.
- 40. Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
- 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
- 44. 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.
- 48. 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