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

## State of New Mexico Energy, Minerals & Natural Resources Department

Revised October 18, 1994 Instructions on back

District II 811 South Fi

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1000 Rio Braz District IV	os Rd., Azı	ec, NM 87410				NM 87				-		_	
2040 South Pa	checo, Sant	E Fe, NM 875	)5 T TOD 4							Ĺ		ENDED REPOR	
1.		REQUES	Operator n	ALLOWAE	BLE A	ND AT	JTHORIZ	ZAT	ION TO TH				
	TIDE WEST OIL COMPANY								OGRID Number 023067				
6666 S.SHERIDAN, SUITE 250							/		Reason for Filing Code				
TULSA, OK 74133							/		CG Effective 10-1-95				
'API Number						<sup>5</sup> Pool Name			Pool Code				
30 - 005-61138			PECOS	SLOPE AF	4/1/96					<del>82735</del>			
Property Code			***		Property Name			'Well Number		ell Number			
15591  II. <sup>10</sup> Surface Location				IA FEDERAI				2					
II. 10	Surface	LOCATION	Range	I at Id-	Te . 7							······································	
				Lot.Idn	Feet fro			Line			East/West line County		
G 5		9s	S 25E Location		1980		North		1980		East Chav		
UL or lot no.		Township	Range	Lot Idn	Feet fr		T 33 1 15 1		·····	<b>,</b>			
			Range	Lot Iun	reetin	om the	North/South	h lime	Feet from the	East/	West line	County	
12 Lse Code	13 Produ	cing Method C	ode '' Gas	Connection Date	25	C-129 Pern	it Number		C-129 Effective I	<u> </u>			
F	F	•							C-129 Effective i	Jaire	" C-1	29 Expiration Date	
III. Oil a	nd Gas	Transpor	ters			<del></del>	<u>-</u>	<del></del>			<u> </u>		
" Transpo: OGRID	rter		" Transporter Name			<sup>24</sup> POD 21 O/G			22 POD ULSTR Location				
OGRID			and Address						and Description				
147831 AGAVE EN			ERGY CO.			1894530 G							
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									M <sup>©</sup>	U) [			
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V. Produced Water													
27	POD					<sup>24</sup> POD UL	STR Location	and D	escription				
···										DIS	T. 2		
7. Well (													
27 Spud Date		* 1	2 Ready Date		r To		28 PBTD		27 Perforations		3 DHC, DC,MC		
3 Hole Size													
· · · · · · · · · · · · · · · · · · ·	Hole Size		32 Casing & Tubing Size			33 Depth Set					34 Sacks	Cement	
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<del></del>		<del></del>											
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			<u> </u>									<del></del>	
	Test Da			·				<del></del>	<del></del>				
32 Date New Oil		Gas De	36 Gas Delivery Date 37 To		Date		34 Test Length		34 Tbg. Pressur		-	Csg. Pressure	
1 Choke Size		41	4 Oil 4 Wa										
CHORE SIZE			Oil 43 Water		iter	44 Gas			<sup>45</sup> AOF		<u> </u>	Test Method	
1 hereby certify	that the ru	es of the Oil C	oncentation Di										
I hereby certify that the rules of the Oil Conservation Division have been complied ith and that the information given above is true and complete to the best of my nowledge and belief.							OIL CONSERVATION DIVISION						
gnature:													
Inted name:						Approved by: ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR							
KARLA JOHNSON											<b></b>	<del></del>	
PRODUCTION ANA						Approval Date: DEC 0 7 1995							
11-28-95 Phone: (918) 488-8962 If this is a change of operator fill in the OGRID number and name of the property of the proper								<u>, L U</u>	1000		<del></del>	·	
" II this is a chi	ange of ope	rator fill in the	OGRID num	iber and name of	the pre	vious opera	or						
	Previous O	perator Signat											
		her arot. Signat	ure			Printed	Name			Pr:			

Printed Name

Title

Date

## 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.

separate C-104 must be filed for each pool in a multiple

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.

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.

- The API number of this well 4.
- 5. The name of the pool for this completion
- 6 The pool code for this pool
- The property code for this completion
- 8. The property name (well name) for this completion
- 9. 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
- Lease code from the following table:

S

de from the following Federal
State
Fee
Jicarilla
Navajo
Ute Mountain Ute
Other Indian Tribe

13. The producing method code from the following table:

Flowing Pumping or other artificial lift

- MO/DA/YR that this completion was first connected to a gas transporter 14.
- 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 17. completion
- 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. 20.
- Product code from the following table:

  O Oil
  G Gas 21.

- 22. 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.)
- 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.) 24.
- 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.
- 36. MO/DA/YR that gas was first produced into a pipeline
- 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.
- 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 48.