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

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Instr	uctions on back	C_{i}
bmit to Appropriate	District Office 5 Copies	Ŵ

811 South First. Artesia. NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV			OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505					Instructions on back Submit to Appropriate District Office 5 Copies AMENDED REPORT			
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		EQUEST (perator name	and Address	LANDA	OTHOR	UZA I	ION TO TR	OGRID Numb		
TIDE WEST OIL COMPANY									023067		
6666 S. SHERIDAN, SUITE 250 TULSA, OK 74133					250		V	3 Reason for Filing Code			
		TULSA, O	K /4133					CG Eff	ective 10	-1-95	
'API Number , 30 - 005-61197					⁵ Pool Na	Pool Name				* Pool Code	
PECOS LSOPE ABO					·····	***			82735 3		
15700			мссора	FEE COM	¹ Property 1	vame		* Well Number			
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12 Lse Code P	¹³ Produc	ing Method Code	14 Gas Co	onnection Date	¹⁵ C-129 Pen	mit Number		" C-129 Effective I	Pate 17 C-	129 Expiration Date	
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3. Date Ne	en Oil	³⁶ Gas Deity	ery Date	" Test D	rate	» Test Le	ngth	" Tog. Pre	ssure	* Csg. Pressure	
" Choke	Size	4: O		"Wate	er	44 Gas		45 AOI	F	* Test Method	
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Signature.				Approv	Approved by: ORIGINAL SIGNED BY THE W CLEEN						
rinted name:	KAR	LA JOHNSO	N	We -	Title:		DIST	RICT II SUPE	PVISOR		
PR		ON: ANALY	!		Approv	al Date:		DEC 0 = 1	005		
Phone: (918) 488–8962						Approva! Date: DEC 0 7 1995					
		rator fill in the (OGRID numb	er and name of	the previous ope	rator	=				
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	Previous ()	perator Signatur			Prin	led Name			Title	Date	

State of New Mexico nergy. Minerals & Natural Resources Department

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.

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.
- The name of the pool for this completion 5
- 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.
- The bottom hole location of this completion
- Lease code from the following table:
 F Federal
 S State
 P Fee
 J Jicarilla
 N Navajo
 U Ute Mountain Ute
 I Other Indian Tribe 12.
- 13 The producing method code from the following table:

 - Flowing Pumping or other artificial lift
- 14. MO/DA/YR that this completion was first connected to a gas transporte
- 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
- 17. MO/DA/YR of the expiration of C-129 approval for this
- 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. 20.
- 21. Product code from the following table:
 - Oil Gas
- 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.)
- 25 MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to produce
- Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 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 bottom
- 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.

- 35. MO/DA/YR that new oil was first produced
- 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
- 39. Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40
- Diameter of the choke used in the test
- 42. Barrels of oil produced during the test
- 43. Barrels of water produced during the test
- MCF of gas produced during the test
- 45. Gas well calculated absolute open flow in MCF/D
- 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 48. signed by that person