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

State of New Mexico
Energy, Minerals & Natural Resources Department

Revised October 18, 1 Instructions on back

District II 811 South First, Artesia, NM 88210

811 South First, Artesia, NM 88210			OIL CONSERVATION DIVISION						Submit to Appropriate District Office 5 Copies			
District III 1000 Rio Brazos Rd., Aztec, NM 87410			2040 South Pacheco Santa Fe, NM 87505						·			
District IV AMENDED REPORT												
2040 South Pacheco, Santa Fe, NM 87505 I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT												
Operator name and Address 'OGRID Number												
	TIDE W	EST OIL C	COMPANY				/		023067			
6666 S.SHERIDAN, SUITE 250								i	3 Reason for Filing Code			
	TULSA, OK 74133								CG Ef	fective 10-1-95		
٠,٧	PI Number					ool Name				* Pool Code		
30 - 005-			PECOS	GAS				82130				
¹ Pro	operty Code			perty Nan	ne			* Well Number				
15584 MCCHEHIBM MCC PEDIACAI												
II. 10 Surface Location) Range	Feet from t	from the North/Sout			Feet from the	East/West li	ne County		
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UL or lot no.	Section 1	Township		Lot ldn	Feet from	*bo	North/Se	nuth line	Feet from the	East/West li	ne County	
UL or jot no.	Section	Township	Kange	1,001 1000	rect from	Life	Notario	Juli mic	reet from the	E ESTATEL II	County	
12 Lse Code	13 Producis	ng Method (Code 14 Gas (Connection Date	15 C-1	29 Permi	Number		" C-129 Effective	Date "	C-129 Expiration Date	
F		P		de Gas Connection Date C-1								
	nd Gas		rters									
" Transpor			" Transporter N	lame	1	» POI		²¹ O/G		POD ULSTI	R Location	
OGRID			and Address	s					and Description			
1478	331	AGAVE	ENERGY C	0.	18	395530)	G				
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IV. Prodi	uced Wa	······								DEC 0 1	. 1995	
	POD POD	1101			24	POD UI	STR Loca	tion and	Description			
										L COI	M. DIV.	
V. Well	Complet	ion Dat	<u></u>						<u> </u>	DIST		
			²⁴ Ready Date ²⁷ TD			2ª PBTD			2º Perfor	29 Perforations 32 DHC, DG		
	31 Hole Size		32 Casing & Tubing Size			33 Depth S			et Sacks Cement			
		7										
	-											
								······································				
VI. Well	Test Da	ata										
3º Date N			Delivery Date	" Tes	t Date		34 Test L	ength	37 Tbg. I	ressure	* Csg. Pressure	
							•			002.776.070		
41 Choke Size			42 Oil	ater		" Gas		45 AOF		* Test Method		
1 nereby 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: Las Valundas						Approved by: DISTRICT II SUPERVISOR						
Printed name: Title:												
KARLA JOHNSON												
PRODUCTION ANALYST					Approval Date: DEC 0 7 1995							
Date: 11-29-95 Phone: (918) 488-8962												
* If this is a change of operator fill in the OGRID number and name of the previous operator												
	Previous	Operator Si	gnature		·	Print	ed Name			Title	Hara	

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.
- Reason for filing code from the following table:

 NW New Well

 RC Recompletion

 CH Change of Operator (Include the effect Add oil/condensate transporter Change oil/condensate transporter Add gas transporter Change gas transporter

 RT Request for test allowable (Include the effect Add gas transporter Change gas transporter RT Request for test allowable (Include the New Yellow) 3.

New Well
Recompletion
Change of Operator (Include the effective date.)
Add oil/condensate transporter
Change oil/condensate transporter
Add gas transporter
Change gas transporter
Request for test allowable (Include volume requested)

requested)
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
- 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 11.
- 12 Lease code from the following table:

Federal State Fee

N

hee Jicarilla Navajo Ute Mountain Ute Other Indian Tribe

- The producing method code from the following table:

 F Flowing
 P Pumping or other artificial lift 13.
- 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.
- MO/DA/YR of the C-129 approval for this completion 16
- 17. 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. 20.
- 21. Product code from the following table: Oil Gas

G

- 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 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' 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
- Number of sacks of cement used per casing string 34.

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
- 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.

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

PO Box 1980, Hobbs, NM 88241-1980

Energy, Minerals & Natural Resources Departme...

Revised February 10, 1994

District II

Previous Operator Signature

RECEIVED

Instructions on back Submit to Appropriate District Office

District III

PO Drawer DD, Artesia, NM 88211-0719

OIL CONSERVATION DIVISION

5 copies

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PO Box 2088,	Santa F	e, NM 87504-2	2088			Q. C	:. D.				
<u>l. </u>	REQ	USET FOR	ALLOWA	BLE AND AUT	HORIZATIO	ON TAPIFFE	U 9514G RT				
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		ridan Road, a 74133-175					3. Reason for Filing Code				
Tuisa, Onic	AIIOI IIE	1/4100-110	JU				СН				
		4. API Number		T	5. Pool Name		IOI1	6. Pool Code			
30-005- 006	358 •	61305		Pecos Slope				6. Pool Code	0273/		
		7. Property Co		 	8. Property Nam			9. Well Number	oa m		
	155	584		McClellan MC		•	!	1	1		
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UL or Lot no.				Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line County			
ZN			25£ 25			South	1000	West	Chaves		
11 Bottom	Hole I	Location									
UL or Lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line	County		
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2. Lee Code	<u> </u>	ucing Method Code	14. Gas Conectio	on Date	15. C-129 Permit	: Number	16.C-129 Effective Date	17. C-129 Expira	tion Date		
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	l Gas	Transport			T		,	· · · · · · · · · · · · · · · · · · ·			
IS. Transporter OGRID			8. Transporter Na and Address	me	20. POD		21. O/G	22. POD ULSTR Location and Description			
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		swestern Pip		pany	1879630		G		7 3		
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V. Produc	ed W	ater									
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V. Well Col	mpier	26. Ready Dat		27. TD	1	28. PBTD	r	On Distantian			
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30. Hole Size		31. C	Casing & Tubing	Size	32. Depth Set		2	3. Sacks Cement			
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/I. Well Te	st Da	ta									
4. Date New Oil	ı	36. Gas Delivery [Date	36. Test Date	37. Test Length		38. Tbg. Pressure	39. Csg. Pressure	:		
0. Choke Size	ŀ	41. Oil		42. Water	43. Gas		44. AOF	45. Test Metho	od		
					<u> </u>						
6. I hereby certify	/ that the	rules of the Oil Co	onservation Divisio	on have been compiled							
rith and that the in	nformatio	on given above is tr	rue and complete	to the best of my		OIL CONS	ERVATION DIV	ISION			
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ignature:	At	Eve	Stear	us	Approved by:	SU	PERVISOR, DIST	RICI II			
rinted name:	Steve	Stearns			Title:			 · · · · · · · · · · · · · · · · · ·			
		. Decarns									
ītle:	Manac	ger of Op	erations		Approval Date:		1111 4 4001				
·						•	JUL 1 4 1994				
ete: 7-8-	-94		Phone:918-4	488-8962							
7. If this is a c	:hange d	of operator fill in	n the OGRID no	umber and name of	the previous op	erator					
14591	ı		\ \ \ C	an.		61	Regulatory Man		7/5/0/		

Printed Name

Title

Date