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

State of New Mexico Energy, Minerals & Natural Resources Department

Form C-104 Revised October 18, 1994 Instructions on back Submit to Appropriate District Office 5 Copies

District II 811 South First, Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410

2040 South Pacheco, Santa Fe, NM 87505

District IV

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

AMENDED REPORT

I	R					ID AU	<u>THOR</u>	ZATI	ON TO TR				
¹ Operator name and Address									² OGRID Number 036554				
TMBR/Sharp Drilling, Inc. P. O. Box 10970													
Midland, TX 79702							195 (B)	V os	³ Reason for Filing Code				
				, 		1 1811,	K~,	15 100 15 100	O IN THE	N	i w		
	API Number	,	رقار نے واق			Pool Nam			OU MUT CHAR	2.	6 P	ool Code	
30 - 025-34333 East Saunder						rs Permo Penn (Atoka)				54960			
F 3							me "16"		' Well Number 1				
I. 10 ;		Location			1.7110	R State	10					1	
Ul or lot no.	Section	Township	Range Lot.Idn Feet from the Nor		North/So	orth/South Line Feet from		East/West line		County			
В	16	148	34E		12:	50	North		2176	East		Lea	
11	Bottom 1	Hole Loca	ation	<u> </u>	L								
UL or lot no.	Section	Township	1 1 1		North/Sc	h/South line Feet from the		East/West line County					
¹² Lse Code S			te 14 Gas	Connection Date			it Number 30		C-129 Effective Date		¹⁷ C-1	29 Expiration Date	
· · · · · · · · · · · · · · · · · · ·	nd Gas 7	F Fransporte	ers	9/27/98									
^{1X} Transporter OGRID			19 Transporter Name and Address			²⁰ POD		²¹ O/G	22 POD ULSTR Location and Description				
15694		Navajo	Navajo Refining Company			2822266							
			ox 159, Artesia, NM 88211-0159						B-16-14S-34E				
-32398 // 7			J. L. Davis h Colorado, Midland, TX 79701-4696			2822267			B-16-14S-34E				
·						a.a				D-10-1	.40-341	<u> </u>	
الما توجيع هدده الشبار	y 1 22 - 22 - 2				*			s étres					
V. Produ	uced Wa	iter				ent. ess.sh.ns.	torne i ga vasko						
	POD				;	¹⁴ POD UL	STR Locati		escription				
*	22268						B-16-14	8-34E					
/. Well Completion Data			A Ready Date 27 TD			3 PBTD			¹⁹ Perforations ³⁰ DHC, DC,MC				
3/19		9/29/98		ì	110	į.			12,260-2	į.			
41 Hole Size			32 Casing & Tubing Size			33 Depth Set						Cement	
171/2			13%			430					385		
121/4			95/8			4,483					1175		
81/2			7			11,260					21	2170	
61/8			5			11,019-14,8			80 440			<u> 10 </u>	
				23/8				12,148					
I. Well	Test Da	ta		27/s				10,375				<u> </u>	
			Delivery Date 57 Test Dat			38 Test Length			39 Thg. Pressure		1	40 Csg. Pressure	
		10/1	/12/98 10/12				24		1440)	N/A		
41 Choke Size 13		1	² Oil ⁴⁵ W ₂ 232 0		i		⁴ Gas 1050		15 AOF		-	*6 Test Method F	
	e information		true and comp	ivision have been of plete to the best of		Approve	OI OF	L CO	NSERVATI L SIGNED B RY WINK	ON DI	IVISI	ON	
ringed name	Teffrey I).	<u>∕/∪, ∂</u> Phillips	- we	lips		Title:	•		D BEP !				
Title V. P. Production							Approvai Date: JUL U 8 (399						
Date: 6/9/99 Phone: (915) 699-5050								<u> </u>				 	
	hange of oper	rator fill in the		nber and name of		ous owner.		,					
	Previous O	perator Signati	ure		-	Printe	d Name			Title	e	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.

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
- 5 The name of the pool for this completion
- 6 The pool code for this pool
- 7. The property code for this completion
- The property name (well name) for this completion 8.
- 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.
- Lease code from the following table:
 F Federal
 S State
 P Fee 12.

 - . Jicarilla
 - N N
 - Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table: 13. Flowing Pumping or other artificial lift
- 14 MO/DA/YR that this completion was first connected to a
- 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
- MO/DA/YR of the expiration of C-129 approval for this 17.
- 18. The gas or oil transporter's OGRID number
- Name and address of the transporter of the product 19.
- 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: 21
 - 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.) 24.
- MO/DA/YR drilling commenced 25.
- 26. MO/DA/YR this completion was ready to produce
- 27 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.

- Inside diameter of the well bore
- 32. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 33.
- 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
- MO/DA/YR that gas was first produced into a pipeline 36.
- MO/DA/YR that the following test was completed 37.
- Length in hours of the test 38.
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 39.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- 41 Diameter of the choke used in the test
- Barrels of oil produced during the test 42.
- 43. Barrels of water produced during the test
- MCF of gas produced during the test 44.
- 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