

District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
811 S. First St., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals & Natural Resources

Oil Conservation Division  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

ARTESIA DISTRICT  
MAY 15 2019

Form C-104  
Revised August 1, 2011

Submit this form to appropriate District Office

RECEIVED  
AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

<sup>1</sup> Operator name and Address Percussion Petroleum Operating LLC 919 Milam Street, Suite 2475 Houston, TX 77002		<sup>2</sup> OGRID Number 371755
		<sup>3</sup> Reason for Filing Code/ Effective Date NW
<sup>4</sup> API Number 30 - 015-44723	<sup>5</sup> Pool Name North Seven Rivers; Glorieta/Yeso	<sup>6</sup> Pool Code 97565
<sup>7</sup> Property Code 320768	<sup>8</sup> Property Name South Boyd Federal Com	<sup>9</sup> Well Number 20H

II. <sup>10</sup> Surface Location

Ul or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
B	34	19S	25E		689	North	2024	East	Eddy

<sup>11</sup> Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
B	27	19S	25E		23	North	2227	East	Eddy
<sup>12</sup> Lse Code F	<sup>13</sup> Producing Method Code P	<sup>14</sup> Gas Connection Date 5/4/19	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date				

III. Oil and Gas Transporters

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> O/G/W
015694	Holly Frontier 2828 N. Harwood, Suite 1300 Dallas, TX 75201	O
36785	DCP Midstream 370 17 <sup>th</sup> Street, Suite 2500 Denver, CO 80202	G

IV. Well Completion Data

<sup>21</sup> Spud Date 11/3/18	<sup>22</sup> Ready Date 12/11/18	<sup>23</sup> TD 9192'	<sup>24</sup> PBTD 9144'	<sup>25</sup> Perforations 4085'-9093'	<sup>26</sup> DHC, MC
<sup>27</sup> Hole Size	<sup>28</sup> Casing & Tubing Size	<sup>29</sup> Depth Set	<sup>30</sup> Sacks Cement		
12-1/4"	9-5/8"	1285'	700 (circ)		
8-3/4"	7"	3679'	2205 (circ)		
8-3/4"	5.5"	9190'	2205 (circ)		

V. Well Test Data

<sup>31</sup> Date New Oil 12/26/18	<sup>32</sup> Gas Delivery Date 5/4/19	<sup>33</sup> Test Date 2/3/19	<sup>34</sup> Test Length 24	<sup>35</sup> Tbg. Pressure 270	<sup>36</sup> Csg. Pressure 240
<sup>37</sup> Choke Size 58	<sup>38</sup> Oil 1526	<sup>39</sup> Water 3597	<sup>40</sup> Gas 321		<sup>41</sup> Test Method P

<sup>42</sup> I 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.

Signature:

Printed name:

Ryan Barber

Title:

Petroleum Engineer

E-mail Address:

ryan@percussionpetroleum.com

Date:

5/14/19

Phone:

979-292-6279

OIL CONSERVATION DIVISION

Approved by:

Title:

Approval Date:

Pending BLM approvals will  
subsequently be reviewed  
and scanned

Form 3160-4  
(August 2007)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

WELL COMPLETION OR RE-COMPLETION REPORT AND LOG

**Bold\*** fields are required.

44723  
HOBBS OCD  
JUN 13 2019  
RECEIVED

Section 1 - Completed by Operator

**1. BLM Office\***

Carlsbad, NM

**2. Well Type\***

OIL

**3. Completion Type\***

New Well

Operating Company Information

**4. Company Name\***

PERCUSSION PETROLEUM OPERATING

**5. Address\***

919 MILAM ST., SUITE 2475

HOUSTON TX 77002

**6. Phone Number\***

713-300-1853

Administrative Contact Information

**7. Contact Name\***

RYAN \_ BARBER

**8. Title\***

PETROLEUM ENGINEER

**9. Address\***

919 MILAM ST., SUITE 2475

HOUSTON TX 77002

**10. Phone Number\***

713-300-1853

**11. Mobile Number**

**12. E-mail\***

ryan@percussionpetroleum.com

**13. Fax Number**

Technical Contact Information

☒ Check here if Technical Contact is the same as Administrative Contact.

**14. Contact Name\***

**15. Title\***

**16. Address\***

**17. Phone Number\***

**18. Mobile Number**

**19. E-mail\***

**20. Fax Number**

Surface Location

**21. Specify location using one of the following methods:**

- a) State, County, Section, Township, Range, Meridian, N/S Footage, E/W Footage  
b) State, County, Latitude, Longitude, Metes & Bounds description

**State\***

NM

**County or Parish\***

EDDY

Pending BLM approvals will  
subsequently be reviewed  
and scanned

Section 34	Township 19S	Range 25E	Meridian NEW MEXICO PRINCIPAL	
Qtr/Qtr NWNE	Lot # —	Tract # —	N/S Footage 689 FNL	E/W Footage 2024 FEL
Latitude 32.622546	Longitude 104.470498	Metes and Bounds		

## Producing Interval Location

22. Specify location or

☐ Check here if the producing hole location is the same as the surface location.

State* NM	County or Parish* EDDY			
Section 27	Township 19S	Range 25E	Meridian NEW MEXICO PRINCIPAL	
Qtr/Qtr NWNE	Lot # —	Tract # —	N/S Footage 23 FNL	E/W Footage 2227 FEL
Latitude 32.638806	Longitude 104.471430	Metes and Bounds		

## Bottom Location

23. Specify location or

☐ Check here if the bottom hole location is the same as the surface location.

State* NM	County or Parish* EDDY			
Section 27	Township 19S	Range 25E	Meridian NEW MEXICO PRINCIPAL	
Qtr/Qtr NWNE	Lot # —	Tract # —	N/S Footage 23 FNL	E/W Footage 2227 FEL
Latitude 32.638806	Longitude 104.471430	Metes and Bounds		

## Lease and Agreement

24. Lease Serial Number* NMNM0504364B	
26. If Unit or CA/Agreement, Name and/or Number —	27. Field and Pool, or Exploratory Area* N.SEVEN RIVERS;GLOR-YESO

## Well

28. Well Name* SOUTH BOYD FEDERAL COM		29. Well Number* 20H		30. API Number 30-015-44723	
31. Date Spudded 11/03/2018	32. Date T.D. Reached 11/25/2018		33. Date Completed 12/26/2018 <input type="checkbox"/> Dry & Abandoned <input checked="" type="checkbox"/> Ready to Produce		34. Elevations (DF, RKB, RT, GL) 3533 Ground Level
35. Total Depth: MD 9191 TVD 3572		36. Plug Back Total Depth: MD 9144 TVD 3572		37. Depth Bridge Plug Set: MD — TVD —	
38. Type Electric & Other Mechanical Logs Run			39.		

(Submit copy of each)

GR

Was Well Cored? ☒ No ☐ Yes (Submit Analysis)Was DST run? ☒ No ☐ Yes (Submit Report)Directional Survey? ☐ No ☒ Yes (Submit Copy)

## 40. Casing and Liner Record (Report all strings set in well)

Hole Size	Casing Size	Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sks.	Slurry Vol. (BBL)	Cement Top	Amount Pulled
12.25	9.625	J-55	36	0	1285	—	700	—	0	—
8.75	7	L-80	32	0	3679	—	2205	—	0	—
8.75	5.5	L-80	20	3679	9190	—	2205	—	0	—
—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—

## 41. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)
2.875	3854	—
—	—	—
—	—	—

## 42. Producing Intervals

Formation	Top (MD)	Bottom (MD)
A) YESO	4085	9093
B) —	—	—
C) —	—	—
D) —	—	—

## 43. Perforation Record

Top	Bottom	Size	No. Holes	Perf. Status
4085	9093	0.42	1500	OPEN
—	—	—	—	—
—	—	—	—	—
—	—	—	—	—

## 44. Acid, Fracture, Treatment, Cement Squeeze, etc.

Top	Bottom	Amount and Type of Material
4085	9093	5,197,600 LBS OF SAND IN SLICKWATER
—	—	—
—	—	—
—	—	—

## 45. Production Method and Well Status for Production Intervals

Production Method	Well Status
Electric Pump Sub-Surface	Producing Oil Well

## 46. Production - Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
12/26/2018	02/03/2019	24	>>>>>	1526	321	3622	—	—
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
58	270	—	>>>>>	1526	321	3622	210	

**47. Production - Interval B**

Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
_____	_____	_____	>>>>>	_____	_____	_____	_____	_____
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
_____	_____	_____	>>>>>	_____	_____	_____	_____	

**48. Production - Interval C**

Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
_____	_____	_____	>>>>>	_____	_____	_____	_____	_____
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
_____	_____	_____	>>>>>	_____	_____	_____	_____	

**49. Production - Interval D**

Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
_____	_____	_____	>>>>>	_____	_____	_____	_____	_____
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
_____	_____	_____	>>>>>	_____	_____	_____	_____	

**50. Disposition of Gas (Sold, used for fuel, vented, etc.)**

Flared

**51. Summary of Porous Zones (Include Aquifers):**

Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

**52. Formation (Log) Markers**

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top (MD)
_____	_____	_____	_____	SAN ANDRES	847
_____	_____	_____	_____	GLORIETA	2455
_____	_____	_____	_____	YESO	2619
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**53. Additional remarks (include plugging procedure):**

54. Indicate which items have been attached by placing a check in the appropriate boxes:

- ☒ Electrical/Mechanical Logs (1 full set req'd.) ☐ Geologic Report ☐ DST Report ☒ Directional Survey  
☐ Sundry Notice for plugging and cement verification ☐ Core Analysis ☐ Other:

I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions)\*

55. Name

RYAN \_ BARBER

56. Title

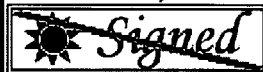
PETROLEUM ENGINEER

57. Date\* (MM/DD/YYYY)

04/22/2019

58. Signature\*

*You have the ability to sign this form only if a SmartCard or digital certificate has been issued to you.*



Title 18 U.S.C Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

### Section 2 - System Receipt Confirmation

59. Transaction

462324

60. Date Sent

04/22/2019

61. Processing Office

Carlsbad, NM

### Section 3 - Internal Review #1 Status

62. Review Category

63. Date Completed

64. Reviewer Name

65. Comments

### Section 4 - Internal Review #2 Status

66. Review Category	67. Date Completed	68. Reviewer Name
69. Comments		

**Section 5 - Internal Review #3 Status**

70. Review Category	71. Date Completed	72. Reviewer Name
73. Comments		

**Section 6 - Internal Review #4 Status**

74. Review Category	75. Date Completed	76. Reviewer Name
77. Comments		

**Section 7 - Final Approval Status**

78. Disposition	79. Date Completed	80. Reviewer Name	81. Reviewer Title
82. Comments			

**INSTRUCTIONS**

**GENERAL:** This form is designed for submitting a complete and correct well completion/recompletion report and log on all types of wellson Federal and Indian leases to a Federal agency, pursuant to applicable Federal laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal office.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, and all types electric), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal laws and regulations. All attachments should be listed on this form, see item 33.

**ITEMS 24, 22, and 23:** Locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local Federal office for specific instructions.

**ITEM 34:** Indicate which reported elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

**ITEM 40:** Show how reported top(s) of cement were determined, i.e. circulated (CIR), or calculated (CAL), or cement bond log (CBL), or temperature survey (TS).

**PRIVACY ACT**

The Privacy Act of 1974 and the regulation in 43 CFR 2.48(d) provide that you be furnished the following information in connection with information required by this application.

**AUTHORITY:** 30 U.S.C. 181 et seq., 351 et seq., 25 U.S.C. 396; 43 CFR 3160.

**PRINCIPAL PURPOSE:** The information is to be used to evaluate the actual operations performed in the drilling, completing and testing of a well on a Federal or Indian lease.

**ROUTINE USES:** (1) Evaluate the equipment and procedures used during the drilling and completing/recompleting of a well. (2) The review of geologic zones and formation encountered during drilling. (3) Analyze future applications to drill in light of data obtained and methods used. (4)(5) Information from the record and/or the record will be transferred to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal or regulatory investigations or prosecutions.

**EFFECT OF NOT PROVIDING THE INFORMATION:** Filing of this report and disclosure of the information is mandatory once a well drilled on a Federal or Indian lease is completed/recompleted.

The Paperwork Reduction Act of 1995 requires us to inform you that:

This information is being collected to allow evaluation of the technical, safety, and environmental factors involved with drilling and completing/recompleting wells on Federal and Indian oil and gas leases.

This information will be used to analyze operations and to compare equipment and procedures actually used with those proposed and approved.

Response to this request is mandatory only if the operator elects to initiate drilling completing/recompleting and operations on an oil and gas lease.

BLM would like you to know that you do not have to respond to this or any other Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

**BURDEN HOURS STATEMENT**

Public reporting burden for this form is estimated to average 60 minutes per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to U.S. Department of the Interior, Bureau of Land Management (1004-0137), Bureau Information Collection Clearance Officer, (WO-630), MS 401 LS, 1849 C Street, N.W., Washington, D.C. 20240.