District I P( Di 81 Di



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

DIVISION

O Box 1980, Hobbs, NM 88241-1980	Energy, Minerals & Natural Resources				
istrict II					
11 South First, Artesia, NM 88210	OIL CONSERVATION D				
istrict III	2040 South Pached Santa Fe, NM 8750				
000 Rio Brazos Rd., Aztec, NM 87410					
istrict IV	Dunta 1 c, 14141 675				

000 Rio Brazos	Rd., Aztec,	NM 87410			O South I					5 Copies		
istrict IV				Sam	ta Fe, NN	M 8/303	,			AMENDED REPORT		
040 South Pach			= 4.									
·	Ri					) AUTH	IORIZAT	TION TO TR				
			Operator nam						<sup>2</sup> OGRID No 03655			
TMBR/Sharp Drilling, Inc. P. O. Box 10970								4				
							$\wedge$	<del></del>	Par <b>P</b> 4			
			Midland, 7	fX 79702			H	1	3 Reason for Filing Code			
			· · · · · ·				<u>v</u> -	RT for	March 200	March 2000, 6200 BBL		
	PI Number					ool Name		051	121	2 'Pool Code		
					Shoebar S		oka)	10V	A -	94960		
7 Pro	operty Code	1	Property Name						* Well Number			
154	<u> </u>		TMBR State "11"				<u>l"</u>		1			
I. 10 S	Surface I	Location	<del></del>					- <del></del>				
Ul or lot no.	Section	Township	Range	Lot.Idn	Feet from th	he No	orth/South Lin	e Feet from the	East/West li	ne County		
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		Hole Loca			T	<del></del>		T	W	3		
UL or lot no.	Seon	Township	Range	Lot Idn	Feet from t	the N	iorth/South lin	Feet from the	East/West li	ine County		
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12 Lse Code	<sup>13</sup> Producit	ng Method Co –	rde 14 Gas C	Connection Date	te 15 C-1	129 Permit N	umber	16 C-129 Effective	Date .	C-129 Expiration Date		
S	L	P								<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		
III. Oil ar	nd Gas 7	<u> Fransport</u>	ers									
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OGRID	1		and Address				<del>-</del>	<del>- </del>	and Descr	iption		
15694	' 1	Navajo	Refining (	Company	28	2517	9 0					
		P. O. Box 1	159, Artesia, Ni	M 88211-0159	200				M-11-17	S-35E		
UNIX CONTROL TO COMPANY	See as					10000	South States	<b>A</b>	***	5		
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					11.54							
IV. Produ	uced Wa	ıter	· —		··			-· <u>-</u>	·			
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		tion Data			17 -		<del>-                                    </del>	*	<del></del>			
_	ud Date	Ì	Ready Date	1	27 T		1	* PBTD	1	29 Perforations		
11/4	25/99		3/15/2000		12,7	700		11,211		11,117-120		
<del></del>	3 Hole Size	<u></u>		Casing & Tubin	ag Size	<del></del>	32 Depth		<u> </u>	Sacks of Cement		
<del></del>	171/2	<del></del>	+	13%		1	484		<del></del>	385		
	11		8%			+	4,980		2500			
	. 7%		51/2			+	11,25		400			
T 7				27/4			11,17	<u>y</u>		<del></del>		
VI. Well			4	T		<del></del>		1	T			
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Cnui	41 Choke Size		<sup>4</sup> Oil Water			4 Gas 45		OF	Test Memod			
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knowledge and			^ /	71.	. /	i				VIOICIA		
Signature:						Approved by: Paul Kautz						
Printed name: Jeffrey D. Phillips					July 1	Title; Colorist						
						Tide: Teologist (MA)						
Tile: V. P. Production						Approval Date:						
Date:	Date: 3/23/2000			915) 699-5050	<del></del> /	<u> </u>						
		4 et la 1	<u> </u>		2.65 = 2200							
Il mis is w	Cusude or ob	ecator iib in a	the OGRID num	aber and name	e of the previo	operator						
<u> </u>	Previous	Operator Sign			<del></del>	Printed 1	=7		Title	Date		
11	11043	Obetator organ	taraf 6			r i uiveo	(4 mille		1 lue	DEUC ,		

## New Mexico Oil Conservation Division C-104 Instructions

THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

leport all gas volumes at 15.025 PSIA at 60°. leport all oil volumes to the nearest whole barrel.

request for allowable for a newly drilled or deepened well must be companied by a tabulation of the deviation tests conducted in coordance with Rule 111.

ill sections of this form must be filled out for allowable requests on ew and recompleted wells.

ill out only sections i, ii, iii, iV, and the operator certifications for hanges of operator, property name, well number, transporter, or ther such changes.

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

nproperly filled out or incomplete forms may be returned to perators unapproved.

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.

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

The name of the pool for this completion

The pool code for this pool

The property code for this completion

The property name (well name) for this completion  $\frac{1}{2}$   $\frac{1}$ 

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. Λ
- 1. The bottom hole location of this completion
- 2. Lease code from the following table:

Federal State Fee Jicarilla Navajo Ute Mountain Ute Other Indian Tribe

The producing method code from the following table: F Flowing Pumping or other artificial lift 3.

- 4 MO/DA/YR that this completion was first connected to a
- The permit number from the District approved C-129 for this completion 5.
- 6. MO/DA/YR of the C-129 approval for this completion
- 7.
  - MO/DA/YR of the expiration of C-129 approval for this completion
- The gas or oil transporter's OGRID number 8.
- 9. 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. :O.
- Product code from the following table:
  O Oil
  G Gas **:1.**

**!**5.

<u>!6.</u>

18

19

- 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.) 12.
- 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. **!3**.
- 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.) <u>!4.</u>
  - MO/DA/YR drilling commenced
  - MO/DA/YR this completion was ready to produce
- Total vertical depth of the well **!7.** 
  - Physback vertical depth
  - 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. 10.

- 31. 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.
- 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
- Flowing casing pressure oil wells Shut-in casing pressure gas welk 40.
- 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
- ÀΑ 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. 46.

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

