

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

NM OIL CONSERVATION  
ARTESIA DISTRICT

MAY 15 2019

Submit one copy to appropriate District Office

RECEIVED

☐ AMENDED REPORT

Form C-104  
Revised August 1, 2011

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 - 015-44881	<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 14H

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

UI or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
A	34	19S	25E		333	North	630	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
A	27	19S	25E		21	North	509	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
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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 6/6/18	<sup>22</sup> Ready Date 8/20/18	<sup>23</sup> TD 8039'	<sup>24</sup> PBTB 7878'	<sup>25</sup> Perforations 3012'-7848'	<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"	1264'	560 (circ)		
8-3/4"	7"	2346'	1860 (circ)		
8-3/4"	5.5"	8039'	1860 (circ)		

V. Well Test Data

<sup>31</sup> Date New Oil 9/26/18	<sup>32</sup> Gas Delivery Date 5/4/19	<sup>33</sup> Test Date 11/5/18	<sup>34</sup> Test Length 24	<sup>35</sup> Tbg. Pressure 150	<sup>36</sup> Csg. Pressure 270
<sup>37</sup> Choke Size 0	<sup>38</sup> Oil 1794	<sup>39</sup> Water 1972	<sup>40</sup> Gas 3189		<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: *Ryan Barber*

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:

*Karen Sharp*

Title:

*Staff Mgr*

Approval Date:

6-7-19

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.

44881

HOBBS OCD  
JUN 19 2019  
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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

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subsequently be reviewed  
and scanned

Section 34	Township 19S	Range 25E	Meridian NEW MEXICO PRINCIPAL	
Qtr/Qtr NENE	Lot # —	Tract # —	N/S Footage 333 FNL	E/W Footage 630 FEL
Latitude 32.623503	Longitude 104.465983	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 NENE	Lot # —	Tract # —	N/S Footage 21 FNL	E/W Footage 509 FEL
Latitude 32.638649	Longitude 104.465855	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 NENE	Lot # —	Tract # —	N/S Footage 21 FNL	E/W Footage 509 FEL
Latitude 32.638649	Longitude 104.465855	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* 14H		30. API Number 30-015-44881	
31. Date Spudded 06/06/2018	32. Date T.D. Reached 06/13/2018	33. Date Completed 09/14/2018 <input type="checkbox"/> Dry & Abandoned <input checked="" type="checkbox"/> Ready to Produce		34. Elevations (DF, RKB, RT, GL) 3508 Ground Level	
35. Total Depth: MD 8039 TVD 2627		36. Plug Back Total Depth: MD 7878 TVD 2636		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	J55	36	0	1264	—	560	—	—	—
8.75	7	L80	32	0	2346	—	1860	—	—	—
8.75	5.5	L80	17	2346	8039	—	1860	—	—	—
—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—

#### 41. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)
2.875	2563	—
—	—	—
—	—	—

#### 42. Producing Intervals

Formation	Top (MD)	Bottom (MD)
A) YESO	3012	7848
B) —	—	—
C) —	—	—
D) —	—	—

#### 43. Perforation Record

Top	Bottom	Size	No. Holes	Perf. Status
3012	7848	0.42	1500	OPEN
—	—	—	—	—
—	—	—	—	—
—	—	—	—	—

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

Top	Bottom	Amount and Type of Material
3012	7848	7,514,000 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
09/14/2018	11/05/2018	24	>>>>>	1794	3189	1972	—	—
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
—	150	—	>>>>>	1794	3189	1972	1778	

**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

<b>51. Summary of Porous Zones (Include Aquifers):</b> 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.				<b>52. Formation (Log) Markers</b>	
Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top (MD)
_____	_____	_____	_____	SAN ANDRES	853
_____	_____	_____	_____	GLORIETA	2485
_____	_____	_____	_____	YESO	2711
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**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**

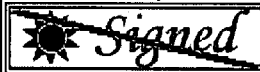
RYAN \_ BARBER

**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**

462327

**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.