District I

PO Box 1980, Hobbs, NM 88241-1980

District II

811 South First, Artesia, NM 88210

District III

State of New Mexico Energy, Minerals & Natural Resources Department

Revised October 18, 1994 Instructions on back Submit to Appropriate District Office 5 Copies

OIL CONSERVATION DIVISION 2040 South Pacheco

Form C-104

1000 Rio Brazo	s Rd., Aztec	, NM 87410		San	ta Fe,	NM 87	505			_	_		
District IV 2040 South Pac	checo, Santa	Fe, NM 87505								L.	J _{AM}	ENDED REPOR	
Ι	R	EQUEST	FOR A	LLOWAB	LE AN	ND AU	THORI:	<u>ZAT</u> I	ON TO TR	<u>AN</u> SP	ORT		
			1 Operator na	ame and Address	i						ID Numi	ber	
TMBR/Sharp Drilling, Inc.										036554			
P. O. Box 10970													
Midland, TX 79702										3 Reason for Filing Code			
											H (effective 12/1/98)		
_	API Number	(, -)			S Pool Name					6]	Pool Code		
30-02			High Plains Permo Penn										
	roperty Code V40 9	·	Property Name						' Well Number				
		Lagation				ligh Plair	ns .						
II.	Section	Location Township	Range	Lot.Idn	Feet from	n the	North (Sou	th Ying	Feet from the	I Para (SE)	4 - 12		
	22	`		Louisian						East/West line		County	
A				660		North		660	East		Lea		
	Bottom 1	Hole Loc	ation				···						
UL or lot no.	Seon	Township	Range Lot Idn		Feet from the		North/South line		Feet from the	East/W	est line	County	
12 Lse Code	13 Produci			Connection Date	Date 15 C-129 Per		nit Number 1		⁶ C-129 Effective Date		17 C-1	129 Expiration Date	
S Oil or		P		-		<u>-</u>		1					
II. Oil at		<u>Fransport</u>		N7		10 -							
OGRID		19 Transporter Name 29 POD and Address						²¹ O/G	22 POD ULSTR Location and Description				
15694		Newsia D. S. i C.					10	and a social peruli					
		P. O. Box 159, Artesia, NM 88211-0159							W 44 C 15 M 46 D 24				
							Unit I, Sec. 15, T-14S, R-34E						
024650	D D	nagy Mids	tream Sei	rvice, Lmt Pa	irt.	5370	230	G					
	1	000 Louisiana	, Ste 5800, H					nit A, Sec. 22, T-14S, R-34E					
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								4					
1811.													
V. Produ	iced Wa	<u>te</u> r										, , , , , , , , , , , , , , , , , , , ,	
23]	POD					24 POD UL	STR Locatio	n and D	escription				
2537	050	Unit I,	Sec. 15,	T-14S, R-34H	E								
7. Well (Completi	on Data										· · · · · · · · · · · · · · · · · · ·	
25 Spud				dy Date			23 PBTD		29 Perforat	tions 3		* DHC,DC,MC	
31 Hole Size			32 Casing & Tubing		Size	Size 33 Depth S		epth Set			34 Sacks	s Cement	
												· <u></u>	
	··												
	_												
I. Well	Test Dat	a							<u></u>				
35 Date New Oil			³⁶ Gas Delivery Date ³⁷ Tes		t Date		³⁸ Test Length		39 Tbg. Pressure		** Csg. Pressure		
41 Choke	41 Choke Size		⁴² Oil		Water		44 Gas		46 AOF		+-	* Test Method	
									Au		T CSF INTERHOO		
⁷ I hereby certif	y that the rule	s of the Oil Co	nservation Di	vision have been o	omplied								
vith and that the mowledge and b	information ;	given above is	true and comp	lete to the best of	my		OIL	. COI	NSERVATI	ON D	IVISI	ON	
Signature:	1//	. /) /12	11/1	Ā	Approved	by:						
rinted name:	Jeffrey D.	Phillips	, 5	arry	1/		ORIGIN		GNED BY CH			<u> </u>	
	/	0.			Title: DISTRICT I SUPERVISOR								
`itle:	V. P. Produ	etion	T			Approval	Date:	Test.	<u>8</u> 1944				
	1/13/99	-:		15) 699-5050									
" If this is a ch	ange of oper	ator fill in the	OGRID num	ber and name of		ous operato			<i>A</i>		+	, -, -	
-44	Previous Or	perator Signar	are			Printed			Sumer	<u>- 8120</u>	rebor		
	<i>U</i>	Dignap				Fimted	Madle			110	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 4.
- The name of the pool for this completion 5
- 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. If the 10.
- The bottom hole location of this completion 11.
- Lease code from the following table:
 F Federal
 S State
 P Fee
 J Jicarilla

NU

Navajo Ute Mountain Ute Other Indian Tribe

- The producing method code from the following table: 13.
 - Flowing Pumping or other artificial lift
 - MO/DA/YR that this completion was first connected to a
 - 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.
- MO/DA/YR of the expiration of C-129 approval for this completion 17.
- The gas or oil transporter's OGRID number 18.
- 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: O Oil G Gas 21.

- 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.
- MO/DA/YR this completion was ready to produce 26.
- Total vertical depth of the well 27.
- Plugback vertical depth 28.
- 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 30.

- Inside diameter of the well bore 31.
- Outside diameter of the casing and tubing 32.
- Depth of casing and tubing. If a casing liner show top and bottom. 33.
- 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.

- MO/DA/YR that new oil was first produced 35.
- MO/DA/YR that gas was first produced into a pipeline 36
- 37. MO/DA/YR that the following test was completed
- 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.
- Diameter of the choke used in the test 41.
- Rarrels of oil produced during the test 42.
- 43. Barrels of water produced during the test
- MCF of gas produced during the test 44.
- Gas well calculated absolute open flow in MCF/D 45.
- The method used to test the well: 46.

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