District I

PO Box 1980, Hobbs, NM 88241-1980

811 South First, Artesia, NM 88210

District III

OIL CONSERVATION DIVISION

State of New Mexico Energy, Minerals & Natural Resources Department

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

| REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT 'Operatur name and Address TMBR/Share Drilling, Inc. P. O. Box (1970) Midland, TX 79702 **RT for \$000 BBL for October 1998 'API Number 30 - 025-34333 **East Saunders Ferron Penn (**Nether) 'Prod Code 27 - C. C. C. Through Code Typogray Name TMBR State "16" 10 Surface Location Typogray Name TMBR State "16" 12 So North Petron 1: East/West line 13 Bottom Hole Location Ler in an Soon Township Range Lot Ion For from the North/South has Feet from he East/West line County **Lec Code O' Producing Method Code O' Gas Connection Date S F 9/327/98 1. Off and Gas Transporters "Township Range State III State O' | MStrict III MM Rio Brazos | Pd Artec | NM 87410 | | | | n Pache | | | | | 5 Copie | |
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| ## Smuth Packers, Statut Fr. NM 1958 **RECUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT** **Operator anne and Address** THER/Sharp Drillings, Inc. P. O. Box 19970 Midland, TX. 79702 **The Short Barbary Brillings, Inc. P. O. Box 19970 **Midland, TX. 79702 **The Short Barbary Brillings, Inc. P. O. Box 19970 **The Short Barbary Brillings, Inc. P. O. Box 19970 **The Short Barbary Brillings, Inc. P. O. Box 19970 **The Short Barbary Brillings Inc. P. O. Box 19970 **The Short Barbary Brillings Inc. P. O. Box 19970 **The Short Barbary Brillings Inc. P. O. Box 19970 **The Short Barbary Brillings Inc. P. O. Box 19970 **The Short Barbary Brillings Inc. P. O. Box 19970 **The Short Barbary Brillings Inc. P. O. Box 19970 **The Barbary Brillings Inc. P. O. Box 19970 **The Barbary Brillings Inc. P. O. Box 19970 **The Barbary Brillings Inc. P. O. Box 19970 **C-129 From Number** **C-129 From Number** | ooo Rio Brazos District IV | Ku., Azec | , MW 0/410 | | Sant | ta Fe, N | NM 875 | 05 | | | | ÆNDED REPOR | |
| **TORRENT PORTING. Inc. P. O. Box 19970 Milland, TX 79702 **TORN Number** 30 - 025-34333 **East Saunders Perms Perms **Perms Perms **Perms 100 - 025-34333 **East Saunders Perms Perms **Perms Perms Perms Perms **Perms Perms Perms **Perms Perms **Perms | 040 South Pac | | | | | | | | | 011 mo m | | | |
| TMBR/Nharp Drilling, Inc. P. O. Box 10790 Midland, TX 79702 **Ration for Pilling Code* RT for 8000 BBL for October 1998 **ART Number* 30 - 015-54333 **East Saunders Permo Penn #*Modes* **Proporty Name* 2 2 2 4 | · | R | | | | | D AUI | 'HOR | <u>IZATI</u> | ON TO TR | , | | |
| P. O. Box 19970 Midland, TX 79702 **Reason for Filling Code RT for 8000 BBL for October 1998 **Pool Code **Thy Number** 30 - 025-34333 **East Saunders Permo Penn **Archen** **Pool Code **Thy Number** 1**Pool Code **Code Summary 1**Pool Code **Code Summary 1**Pool Code **Thy Number** 1**Pool Code **Pool Code **Pool Code **Pool Code **Pool Code **Code Summary 1**Pool Code **Pool Code **Code Summary 1**Pool Code **Pool Co | • | | | | | | | | | | | | |
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| | If this is a cl | ange of ope | rator fill in the O | GRID nun | iber and name o | of the previ | ous operato | | | | | | |
| Previous Operator Signature Printed Name Title Date | | | | | | | | | | | | | |
| | Previous Operator Signature | | | | | | | Name | | | Title 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.

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 6.
- The property code for this completion 7.
- The property name (well name) for this completion 8.
- The well number for this completion 9.
- 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 12.

SP

Fee Jicarilla

Ň

- 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 14. gas transporter
- The permit number from the District approved C-129 for 15. this completion
- 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. completion
- 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 weil 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 24. (Example: Tank",etc.)
- 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.

- 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 33. bottom.
- 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
- MO/DA/YR that gas was first produced into a pipeline 36.
- MO/DA/YR that the following test was completed 37.
- 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 wells 40
- Diameter of the choke used in the test 41.
- Barrels of oil produced during the test 42.
- Barrels of water produced during the test 43.
- 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:

Flowing Pumping Swabbing

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.