Estrict I 10 B at 1980, Hobbs, NM 88241-1980

## State of New Mexico vergy, Minerale & Natural Resources Department

Form C-104 Revised February 10, 1994

Instructions on back

Submit to Appropriate District Office

District II

NO Drawer DD, Artesia, NM 88211-0719

District III

1000 Rio Brams Rd., Aztec, NM 87410

District IV

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

☐ AMENDED REPORT

5 Copies

PO Box 2008, 8 I.	-		T FOR A			ND AU	THOR	IZAT	ON TO T		PORT		
Operator name and Address  TMBR/Sharp Drilling, Inc.										<sup>1</sup> <b>OGRID Number</b> 036554			
P. O. Drawer 10970 Midland, TX 79702-0970  Midland, TX 79702-0970  DESIGNATED BELOW. IF YOU DO NOT CONCUR									* Resson for Filing Code				
• /	NOTH	0 (1C)	55 / 1./27 Pool Code										
<b>30 - 0</b> -02	25 <b>-</b> 3300	3	Wi <del>ldcat</del>	De	an	Par	mo	P	27N	4/	10-	120	
	roperty Code		GECKO S	roperty Name					' V	' Well Number			
II. 10	Surface	Location	n			<del></del>							
Ul or lot ac.	Section	Township		Lot.Ida	Feet from	n the	North/So	uth Line	Feet from the	East/V	Vest line	County	
B/X_	4	16S	37E	2	65	8	North		1878	E	ast	Lea	
	Bottom												
UL or lot no.			'   `	Lot Ida	Feet fro	654		iouth line Feet from the		1		County	
B7X  12 Lee Code			37E	Connection I	65	8 ' '	North		1878 " C-129 Effective	East "C		Lea	
S	P	ug wiernod	Code	Connection 1	Jate	C-129 Peruni	Number		C-129 Ellective	Date	".	129 Expiration Date	
·	nd Gas	Transpo	l		<u>.</u>			!			1		
Transpor	Transporter			17 Transporter Name				<sup>14</sup> POD <sup>21</sup> O/G			2 POD ULSTR Location		
OGRID		and Address							and Description				
15694 P.		avajo Refining Co. . O. Box 159 rtesia, NM 88210			2	8/66	6640 0 B/2-		B/2-4-1	-4-16S-37E			
		ASINGH ARED A	EAD GAS N	NUST NO	T BE								
<b>53</b> A			N EXCEPT	10N TO 5	2 3020								
		S OBTAINED.											
<b>M</b> .cumini	<b>₩</b>				200		en en en	S					
IV. Prodi	uced Wa	ater $\sqrt{9}^2$		<del></del>					<u> </u>	<del>-</del>			
Ŋ	POD B/2 }	$\chi \eta \sigma$	2-4-16S-	37E GE	CKO Stat	<b>POD UL</b>			•				
	Comple	ion Dat									·		
Spud Date		14 Ready Date			מד יי			" PBTD		" Perforations			
7-4-95			No. 10.			11,840			10,742		10,660-10,677'		
* Hole Size		" Casing & Tubing Size 13-3/8"			u Depth Se			<del></del>	100		35 Sacks Cement		
17-1/2"										0.22			
11"		8-5/8"			4,50						HLC + 200 sx		
										C1 "C			
VI. Well	7-7/8" Test De			5-1/2				10,790	0'	150 s	x Pre	mium Plus	
VI. WEII			Delivery Date	20 *	Test Date	1	" Test Les		<sup>36</sup> Tbg. Pr			" Cag. Pressure	
10-1					24 hrs		-	Pumping			25		
" Chok		41 Oil		4 Water		" Gas		<u> </u>	" AOF		+-	" Test Method	
N/A		58	4	60					P				
" I hereby certa with and that th	fy that the ru e miormation	ics of the Oil	Conservation D	ivision have to plete to the be	eca complied		OI	I COI	NSERVAT	ION I	פועור	ION	
knowledge and Signature:	belief.	Dh	llips			Approved			NSERVAT GAGG ICT GAGGE		(TON)	1011	
Printed name: Jeff Phillips							Title:						
Title:	Produc	tion M	anager	Approval Date: JAN 1 1 1996									
Date:	12-15-	95	Phone: (9	15) 699	9-5050								
" If this is a c	pange of ope	rator fill la	the OGRID nu	aber and na	ne of the pre-	vious operat	or						
	Previous (	perator Sig	Bolure	·		Printed	i Name			T	Tile	Date	

## 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

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

AO Add oil/condensate transporter

CO Change oil/condensate transporter

AG Add gas transporter

CG Change gas transporter

RT Request for test allowable (Include New Well
Recompletion
Change of Operator
Add oil/condensate transporter
Change oil/condensate transporter
Add gas transporter
Change gas transporter
Request for test allowable (Include volume requested)
other reason write that reason in this box

If for any other reason write that reason in this box.

- 4 The API number of this well
- The name of the pool for this completion 5.
- 6. The pool code for this pool
- 7. The property code for this completion
- 8. The property name (well name) for this completion
- 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. 10.
- 11 The bottom hole location of this completion
- Lease code from the following table: 12.

  - Federal State Fee

  - Jicarilla Navajo Uta Mountain Uta Other Indian Tribe
- The producing method code from the following table:
  F Flowing
  P Pumping or other artificial lift 13.
- 14 MO/DA/YR that this completion was first connected to a
- 15. The permit number from the District approved C-129 for this completion
- 16. MO/DA/YR of the C-129 approval for this completion
- 17 MO/DA/YR of the expiration of C-129 approval for this completion
- 18. The gas or oil transporter's OGRID number
- 19. 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. 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.
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce 26.
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- 29. Top and bottom perforation in this completion or casing shoe and TD if openhole
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and 32.
- 33. Number of sacks of cement used per casing string

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.

- 34. MO/DA/YR that new oil was first produced
- 35. MO/DA/YR that gas was first produced into a pipeline
- 36. MO/DA/YR that the following test was completed
- Length in hours of the test 37.
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- 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

  - 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 46.
- 47. The previous operator's riame, 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