State of New Mexico nergy, Minerals & Natural Resources Department

PC Box 1980, Hobbs, NM 88241-1980

PO Drawer DD, Artesia, NM 88211-0719

District III

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

Form C-104 Revised February 21, 1994 Instructions on back Submit to Appropriate District Office 5 Copies

1 <b>000 Rio Braz</b> os District IV	Rd., Aztec,	, NM 87410		Santa F	e, NM	87504	-2088				] AME	NDED REPORT		
PO Box 2088, S	anta Fe, NM	1 87504-2088 EATTEST	EOR AI	IOWARI	EAN	D AU	THOR	ZATI	ON TO TR	ANSF	ORT			
1.	EQUEST		O AUTHORIZATION TO T				<sup>1</sup> OGRID Number							
TMBR/Sharp Drilling, Inc. THIS WELL HAS BEEN PLACE							EN HE THE POST				036554			
P. O. Drawer 10970 DESIGNATED BELOW. IF YOU						DO NOT CONCUE				3 Reason for Filing Code				
Midland, TX 79702 MOTHY IMS OFFICE											NW			
							pol Name Q -10972			' Pool Code 56290				
30 - 0 25-			Shoebar Wolfcamp				1		2111	' Well Number				
	roperty Code		' Property Name Eidson "23"						1					
	Surface	Location	Eldson		<u>.</u>			<del>,</del>	<u></u> .	1				
Ul or lot no.	Section	Township	Range	Lot.ldn	Feet from			uth Line	Feet from the	East/West line		County		
L	23	16S	35E		1980		South		660	Wes	West Lea			
11	Bottom	Hole Loca												
UL or lot no.	Section	Township	Range	Lot Idn	Feet from	the North/S		uth line	Feet from the	East/W	est line	line County		
12 Lse Code	13 Produci	ng Method Cod	le 14 Ges C	onnection Date	15 C-1	129 Perin	it Number	1	C-129 Effective	Date	17 C-	17 C-129 Expiration Date		
Tac Code	1	III MICHIGA COA	and Confidence D											
III. Oil a	nd Gas	Transport	ers		_1									
"Transporter			1* Transporter Name				D	<sup>21</sup> O/G	22 POD ULSTR Location and Description					
OGRID		Varra io. Po	and A ldress				-1-1		and Description					
15694		P. O. BOX 159				820134 0			L-23-16S-35E					
		Artesia, NM 88211-0159												
		_	UM 840	100	25	320	135	<u> </u>						
( inight			END OF W/5-L									··· <del></del>		
			1000 miles (1000 m											
					***************************************			555555555555						
IV Drod	uced W	oter		<u> </u>					i					
	ron	alei			24	POD U	LSTR Loca	tion and	Description		. <del></del>			
2821														
		tion Data										<u> </u>		
Spud Date		10 B	14 Ready Date		" Т)		" PRTD		Perforations			" DIIC, DC,MC		
7/25/97			/26/97		11,890'		10,368'		10,206-2	214'	M Sac	ks Cement		
" Hole Size 17-1/2"		<u> </u>	13-3/8"					396'		445 sx Cl C + 79 sx Cl C				
		<del>-</del>				+		,480'	1385 sx Cl C + 200 sx Cl			+ 200 sx Cl C		
	11"		8-5/8"			13,368'				200 sx				
7-7/8"			5-1/2"			10,286'			200 00 02 0					
VI. Well	Test D	ata	2-	3/8"				,260				<del></del>		
	New Oil		livery Date	" Te	it Date		" Test La	ngth	" Thg. I	Pressure		" Csg. Pressure		
9/26	9/26/97		N/A		9/27/97		24 hrs		590			0		
" Choke Size		4 Oil		4 7	4 Water		427 "Gas		" AOF			" Test Method		
14/64" 233 O						N/A N/A Flowing								
" I hereby ce with and that	rufy that the i the information	rules of the Oil ( on given above i	conservation D true and com	picte to the best	of my		O	IL CC	NSERVAT	TION	DIVIS	SION		
knowledge an Signature:	knowledge and belief.							ORIGINAL SUPERVISOR  Approved by: DIS (MACC) SUPERVISOR						
Printed name:	44	<u> </u>	0 6	ny	1	Title:								
/ Weff Phillips							Assessed Date:							
V. P. Production  Pule: 10/2/07 Phone: (015) 600 5050									F8 115 15	148	···			
Date:	10/3/9	7 operator fill in t		915) 699-		vious or	reior							
11 Ints 15 1	. cusuge Of O	,pasetus (104 LM C	~~~~											
<b> </b>	Previous	Operator Sign	ature			Pri	nted Name				Tille	Date		

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F. THIS IS AN AMENDED REPORT, CHEC THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS JOCUMENT

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) Request for test allowable (Include volume requested)

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

- 4. The API number of this well
- 5. The name of the pool for this completion
- 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:
  F Federal
  S State 12.

Fee Jicarilla

CZC

Navajo Ute Mountain Ute 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
- MO/DA/YR of the expiration of C-129 approval for this 17.
- 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.
- 21. Product code from the following table:

Oil Gas G

- The ULSTR location of this POD If it is different from th well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.)
- 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 24. well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.)
- 25. MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to produce
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- 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 29.
- 30. Top and bottom perforation in this completion or casing shoe and TD if openhole

- 31. ⊸ Inside di ter of the well bore
- 32. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and
- 34 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.

- MO/DA/YR that new oil was first produced
- 36. MO/DA/YR that gas was first produced into a pipeline
- 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 wells 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
- 44. 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 46.

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.