PO Box 1980, Hobbs, NM 88241-1980

District II

811 South First, Artesia, NM 88210

District III 1000 Rio Br

State of New Mexico Energy, Minerals & Natural Resources Department

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

OIL CONSERVATION DIVISION 2040 South Pacheco

Submit to reppropriate	District Other
	5 Copies

000 R10 Brazos District IV (040 South Pach				Sant	ta Fe, N	M 8/3	505				AME	NDED REPORT		
. South Pach		EQUEST F				AU'	THORI:	ZATI	ON TO TRA					
¹ Operator name and Address TMBR/Sharp Drilling, Inc.									² OGRID Number 036554					
TMBR/Sharp Drilling, Inc. P. O. Box 10970 Midlands TWELESMAS BEEN PLACED IN THE POST MELISMATED BELOW. IF YOU DO NOT CONCUR DESIGNATED BELOW. IF YOU DO NOT CONCUR								³ Reason for Filing Code NW						
API Number For Po							2			6 Pool Code				
30 - 025-34196 Shoeba										56290 'Well Number				
22082 Eid							operty Name Ison "26"				1			
[]. 10 S	Section 1	_OCATION Township	Range	Lot.Idn	Feet from	the	e North/South Line		Feet from the	East/We	st line	County		
С	26	16S	35E		990	North		rth	1650	West		Lea		
¹¹ I	Bottom F	Hole Locat	ion				, . <u></u>							
UL or lot no.	Section	Township	Range	Lot Idn	Feet from	the	North/South line		Feet from the	East/West line		County		
12 Lse Code	F	g Method Code	<u> </u>	Connection Date	te 15 C-1	129 Perm	it Number	1	C-129 Effective I	Date	te 17 C-129 Expiration Date			
III. Oil at		ransporter	S ansporter !	Name		²⁰ PO	D	21 O/G	2	POD UL				
OGRID			and Addres			28204	167	0			and Description C-26-16S-35E			
15694		~	_	Company 1M 88211-0159	,	20204	07			C 2 0 .				
024650	0	Warren Petroleum Company				28206	17	G		C-26-1	16S-35	E		
72133		0 Louisiana, Ste		2-5050										
		 												
		_												
IV. Prod	uced Wa	ter		<u></u>			<u> </u>							
	POD 20618					POD UI	C-26-16		Description					
V. Well	Complet	ion Data									r .	t pro polic		
•	²⁵ Spud Date 11/18/97		ady Date 17/98		"TD 11,769'		² PB. 10,30	55'	29 Perfora 10,244-		88'			
	¹¹ Hole Size			32 Casing & Tubing Size				33 Depth Set			³⁴ Sacks Cement 445 sx 2% C			
17½"			13%" 85%"			4,895'			1150 sx Prem & 200 sx Pr			& 200 sx Prem +		
77/6"			51/2"			10,403'								
VI. Well	Test Da	ıta			<u>.</u>					<u>Li</u>	te & 10	0 sx Prem +		
35 Date New Oil 34 Gas		[™] Gas Deli	elivery Date 37 Test I 2/7/98 2/7/9		est Date /7/98	Test Leng		ngth	" Tbg. Pi			** Csg. Pressure		
41 Choke Size		42 (Dil 43 Wa		Water	er 4			* AC	oF "Te		" Test Method F		
47 I hereby cert with and that I knowledge and Signature:	tify that the ruthe information	dles of the Oil Congiven above is t	nservation D	Division have been plete to the best	t of my	Approv	OBI	IL CO GINAL	NSERVAT SIGNED BY (STAIC) I SUP	TION D	VILLIA	ION		
Printed names deffrey D. Phillips						Title:								
Title: V. P. Production						Approval Date:								
Date:	3/4/98			(915) 699-5050	a of the reserve	ions as a	etor							
If this is a		erator fill in the		miver and nam	e or the previ				<u> </u>	Ti	<u> </u>	Date		
	Previous	Operator Signat	ure			חוריו	ted Name			•				

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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)

requested)

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

- 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
- 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
 P Fee
 J Jicarilla 12.

N

Navajo Ute Mountain Ute Other Indian Tribe

The producing method code from the following table: 13.

Flowing Pumping or other artificial lift

14.

- $\ensuremath{\mathsf{MO/DA/YR}}$ 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 17. completion
- The gas or oil transporter's OGRID number 18.
- **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

- 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.
- 26. MO/DA/YR this completion was ready to produce
- 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 this well bore.

- Inside diameter of the well bore 31.
- 32. Outside diameter of the casing and tubing
- 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
- 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
- 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
- The method used to test the well: 46.

Flowing

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.