District I

PO Box 1980, Hobbs, NM 88241-1980

District II

PO Drawer DD, Artesia, NM 88211-0719

District III

State of New Mexico Energy, Minerals & Natural Resources Department

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

OIL CONSERVATION DIVISION PO Box 2088

1000 Rio Brazos District IV							NM 87504] ame	NDED REPORT		
PO Box 2088, Si [.	anta Fe, NM RI	EQUES	T F	OR AL	LOWAB	LE	AND AU	THOR	IZATI	ON TO TE	RANSF	ORT			
Operator name and Address								² OGRID Number					er		
TMBR/Sharp Drilling, Inc. THIS WELL HAS BEEN PLACE								O IN THE POO:				036554			
P. O.	P. O. Drawer 10970 DELENATED RELOW. IF YOU								DO NOT CONCUR				Reason for Filing Code		
								NW) (C-4-		
30 - 025-33757 Earl Scharle						Pool Name R -/69/									
	Undesignated Property				Property N			vare 95		(<i>D</i>	ell Number				
' Property Code 20121 TMBR State						• •					1				
	Surface 1	Location	<u> </u>			-	·			<u> </u>					
Ul or lot no.	Section	Township			Lot.idn		t from the	North/South Line		Feet from the	East/West line		County		
G 1		19S	35E]	L750	North		2100	Eas	st	Lea		
11 Bottom Hole Location															
UL or lot no. Section		Township		Range	Lot Idn	Fe	et from the	he North/S		Feet from the	East/W	est line	County		
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12 Lae Code	1	ng Method P	Code	¹⁴ Gas C	onnection Dute	١	15 C-129 Peru	nit Number		C-129 Effective	Date	" U-	129 Expiration Date		
S	<u> </u>				<u></u>							l			
III. Oil and Gas Transporters "Transporter "Transporter Name								OD	<u> </u>	22 POD ULSTR Location					
OGRID	15 Transporter Name and A ldress						,	²¹ O/G	and Description						
-33479		avajo Refining Company 7					2819	19051 0		G-1-19S-35E					
		. O. Box 159 rtesia, NM 88211-0159													
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	053									•					
V. Well			nta	· · · · · · · · · · · · · · · · · · ·								· · · · · · · · · · · · · · · · · · ·			
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1/9/97			3/1/97		7280		80	5607		5471-5	483	مستنان والمسترين والمسترين أعام والمسترين			
¹¹ Hole Size		:	12 Casing & Tubir			ng Si	ng Size '1 De			Set		³⁴ Sacks Cement			
12 1/4			8 5/8							636 sx Hal Lite & 275					
											sx Prem				
7 7/8				5 1/2					5690		465 s	x Pre	m Plus		
VI. Wel	ll Test D	ata													
Bate New Oil		" G	34 Gas Delivery Date		" Test I		ale	" Test L		"Thg.	Pressure		" Cag. Pressure		
3/1/97			N/A			3/31/97		24 hrs		O 4 AOF		_	O Test Method		
41 Choke Size			·			4 Water		20		1		Į	Pumping		
N/A 20 32 **I hereby certify that the rules of the Oil Conservation Division have been complied															
with and that	erury that the t the informati	ruies of the ion given ab	ove is t	rue and com	aplete to the be	st of	nıy	(OIL CO	ONSERVA	TION	DIVI	SION		
knowledge a	nd belief.		11	, .			Аррг	Approved by: Only, Siegod by							
Signature: Thilip							Title	Approved by: Orig. Signed by: Paul Cantz Title: Geologist							
Printed name: Jefuf Phillips								oval Date:							
Title:	neering	Manager					VIEL DAIC:								
Date: 4/11/97 Phone: (915) 699-5050 ** If this is a change of operator fill in the OGRID number and name of the pre															
" If this is	a change of	operator fill	i in the	OGRID at	umber and na	me o	the previous o	perator							
	Previou	s Operator	Signat	ure			P	rinted Name				Title	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 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.
- Reason for filing code from the following table:

 NW New Well

 RC Recompletion

 CH Change of Operator (Include the effect) 3.

AO CO AG CG RT

New Well
Recompletion
Change of Operator (Include the effective date.)
Add oil/condensate transporter
Change oil/condensate transporter
Add gas transporter
Change gas transporter
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: 12.

Federal State

S

Jicarilla

Navajo Ute Mountain Ute Other Indian Tribe

The producing method code from the following table:

F Flowing
P Pumping or other artificial lift 13.

MO/DA/YR that this completion was first connected to a 14.

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
- 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
- MO/DA/YR drilling commenced 25
- MO/DA/YR this completion was ready to produce
- 27. Total vertical depth of the well
- Plugback vertical depth 28.
- 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. 29.
- Top and bottom perforation in this completion or casing shoe and TD if openhole 30

- 31 Inside diameter of the well bore
- 32. Outside diameter of the casing and tubing
- 33. Depth of casing and tubing. If a casing liner show top and bottom.
- 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
- 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.
- 43. Barrels of water produced during the test
- 44 MCF of gas produced during the tes
- 45. Gas well calculated absolute open flow in MCF/D
- 46 The method used to test the well: Flowing P Pumping
 P 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.