District I

PO Box 1980, Hobbs, NM 88241-1980

District II

811 South First, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

State of New Mexico Energy, Minerals & Natural Resources Department

Form C-104 Revised October 18, 1994 Instructions on back Submit to Appropriate District Office 5 Copies

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

2040 South Paci				LLOWARI	IFAN	JD AH'	тиор	17 A TI	ON TO TD			ENDED REPOR	
I. REQUEST FOR ALLOWABLE AN Operator name and Address TMBR/Sharp Drilling, Inc. P. O. Box 10970							IIIOK	IZATI	ON TO TR	² OGRID Number 036554			
Midland, TX 79702											Reason for Filing Code		
	PI Number 025-3517	.5		5 Pool Name					CY 7 Pool Code				
	operty Code		Vacuum; Blinebry, NE 8 Property Name						9 Well Number				
26429			Angel "13" State					····	2				
II. 10 Surface Location Ul or lot no. Section Township				T									
G 13		Township				et from the North/South 2310 North					East/West line County		
11 Bottom Hole Lo		17S	35E			North		th	2310 East		ast	Lea	
UL or lot no.			Range	Lot Idn	Feet from	n the	North/South line		Feet from the	East/W	est line	County	
12 Lse Code S	S P			Connection Date 15 C-1 5/13/01		-129 Permi	t Number 10		C-129 Effective	tive Date 17 C-		129 Expiration Date	
II. Oil ar 18 Transpor		ransport				10							
OGRID		¹⁹ Transporter Name and Address				²⁰ POD ²¹ O/G			²² POD ULSTR Location and Description				
15694	20075	Navajo Refining Company			5 *:227****	2827085 O							
24650		P. O. Box 159, Artesia, NM 88211-0159 Dynegy Midstream Services, L.P.				2829098 G			G-13-17S-35E				
Company of the Company		6 Desta Drive, Suite 3300, Midland, TX 79705				2027070			G-13-17S-35E				
1. W. A. I. (4)													
V. Produ	ced Wa	ter							- Y	-	3 <u> </u>		
²³ POD							POD ULSTR Location and Description G-13-17S-35E						
7. Well C		on Data											
²⁵ Spud Date 9/23/00						TD			²⁸ PBTD		29 Perforations		
³⁰ Hole Size			11/4/00 31Casing & Tubing Size			7300		7248 Depth Set		7085-7226 33 Sacks of Cement			
11			85%s			1820			650				
71/8			5½			7300					·	50	
	· · · · · · · · · · · · · · · · · · ·												
I. Well	Test Dat	a	L				·····						
³⁵ Date New Oil 11/22/00		³⁴ Gas Delivery Date N/A		³⁷ Test 3/14		³⁸ Test Ler 24		ıgth	39 Tbg. Pro N/A	l l		Csg. Pressure	
⁴¹ Choke Size N/A		⁴² Oil 6		43 Water		4 Gas			45 AOF			" Test Method	
N/A 6 8 T I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Signature:						OIL CONSERVATION DIVISION							
Printed name:	Lonnie Arr	<u>lline</u>	re			Approved Title:	by:		IGINAL SIG		i fik		
Title: Production Manager							Approval Date:						
Date: 11/01/01 Phone: (915) 699-5050						Approvat	Jate.	·				2006	
¹⁸ If this is a cha	ange of opera	ator fill in the	OGRID numi	per and name of	the previo	us operatoi	•						
	Previous Op	erator Signat	ure	···		Printed	Name	-		Tit	e	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.

- Operator's name and address 1.
- 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 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.

- 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
- The property name (well name) for this completion 8.
- 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.
- The bottom hole location of this completion 11.
- Lease code from the following table: 12.
 - Federal State
 - S
 - Fee Jicarilla

 - Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table: F Flowing 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
- 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: 21.
 - 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.)
- 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 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.
- 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. 30.

- 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 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
- MO/DA/YR that gas was first produced into a pipeline 36.
- MO/DA/YR that the following test was completed 37.
- Length in hours of the test 38.
- 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: 46.

 - F 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 47. signed, and the about this report
- 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.