District I PO Box 1980, Hobbs, NM 88241-1980 District II PO Drawer DD, Artesia, NM 88211-6719

State of New Mexico Energy, Minerals & Natural Resources Department

Form C-104 Revised February 10, 1994 Instructions on back

District III 1000 Rio Brazos Rd., Aziec, NM 8741				OIL CONSERVATION DIVISION						the beam of the Ollie			
District IV PO Box 2088,		NM 87504	I-208 8			nta Fe	, NM 875	04-208				5 Co MENDED REPO	
I.		REQU	JEST	FOR A	ALLOV	VABL	E AND A	UTHO	RIZAT	TON TO T	RANSPO	RT	
YARBROUGH OIL LP c/o OIL REPORTS & GAS SERVICES, INC.										¹ OGRID Number			
P. O. Box 755						INC.				025504 Reason for Filing Code			
HOBBS										CO 09/01/96			
'API Number 30 - 0 25-22362							* Pool Name			⁴ Pool Code		1 Pool Code	
Property Code						EA		T E-K QUEEN Property Name			20330		
017294 II. 10 Surface Location							EAST EK UNIT				Well Number		
II. 10 Ul er lot se.	Surfac				7 :			211.4.7				007	
G	22			Range	Lot.ldn	Fe	et from the	North/South Line NORTH		Feet from the	East/West II	County	
				34E	<u> </u>		2310			1980	EAST	LEA	
UL er lot ae.	Section	Town	ahip	Range	Lot Ida	Fe	at from the	North/S	orth line	Prod.			
G	22		85	34E			2310	I	RTH	Feet from the 1980	Fast/West In	.	
12 Lee Code	" Piod	icing Metho	od Code	H Gas	Connection	Date	¹⁴ C-129 Perm			C-129 Effective U	EAST	LEA	
III. Oil ar	nd Gas	P			04/11/	91						CAPAGEOR DIE	
" Transport	ter	Trais	"Tr	Amporter N	ame		* PO						
OGRID		AMOCO PIPE LINE					- 70		" O/G	22 POD ULSTR Location and Description		ocation ion	
000734	No.	P. O. Box 1725					218491	2184910 O		K-22-18S-34E			
Constitution with		MIDLAND , TX 79707									K-22-105-34E		
009171 GPM		GPM GA	PM GAS CORPORATION . O. Box 5050				2184930 G			K-22-18S-34E			
			SVILLE, OK 74005-5050								K-22-103-34E		
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Wall Co										npaes			
Well Co	Date Date	ion Dai								·····			
			14	M Ready Date			" TD		* PBTD	77	21 Perforations		
M Hole Size				³¹ Casing & Tubing Size			N Depth Set						
						• • • •		- De	pth Set		³⁰ Sacks	Cement	
													
						· · · · · · · · · · · · · · · · · · ·							
													
Well Te	st Dat												
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" Choke Size		, " OU		⁴ Water		/- A					.	Fire treatife	
				, alet		* Gas			" AOF	-	Test Method		
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luy seard							OIL CONSERVATION DIVISION Approved by:						
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M	ANAGE	R					Approval Date	:	<del></del>				
08/20/96	-		Phone	: (505)	393-2	727			<del></del>	Post De	- N. G.		
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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.

- ١. 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 Welt

RC Recompletion

CH Change of Operator

AO Add oil/condensate transporter

CO Change oil/condensate transporter

AG Add ges transporter

CG Change ges 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.
- 6. The pool code for this pool
- 7. 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.
- 11. The bottom hole location of this completion
- Lease code from the following table:
  F Federal
  S State
  P Fee
  J Jicarilla 12.

- Navajo Ute Mountain Ute Other Indian Tribe
- 13. The producing method code from the following table: Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a 4. gas transporter
- The permit number from the District approved C-129 for this completion 5
- 6. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this 7.
- 8. The gas or oil transporter's OGRID number
- Э. 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. ٥.
- Product code from the following table:
  O Oil
  G Gas

- T: e 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
- 26. MO/DA/YR this completion was ready to produce
- Total vertical depth of the well 27.
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- incide diameter of the well bore 30.
- Outside diameter of the casing and tubing 31.
- Depth of casing and tubing. If a casing liner show top and bettom. 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 cas was first produced into a pipeline
- 36. MO/DA/YR that the following test was completed
- Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 40. Diameter of the choke used in the test
- 41. Berrels of all produced during the test
- Berrels of water produced during the test 42.
- 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:

F Flewing
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 46.
- 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 47.

Colors