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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| I. | Ţ | OTRA | NSPC | RT OIL | AND NA | TURAL GA | AS | | | | | |
|---|---|------------------------|---------------------------------------|---------------------------------------|----------------------------|-----------------------|-----------------|-----------------------|------------------|---------------|--|--|
| Operator | Well | | | | | | | API No. | | | | |
| Yarbrough Oil Company | | | | | | | 30-025-26625 | | | | | |
| Address P. O. Box 1769, Eunic | o NM D | 0221 | | | | | | | | | | |
| Reason(s) for Filing (Check proper box) | .e, Mi o | 0231 | | | Oth | _ et (Please explo | ain) | | | | | |
| New Well | | Change in [| Transport | er of: | | - | | | | | | |
| Recompletion | Oil | | Dry Gas | | Erre | ctive 11, | 1/90 | | | | | |
| Change in Operator | Casinghead | Gas 🗌 | Condens | ate 🗌 | | | | | | | | |
| If change of operator give name and address of previous operator <u>Dan</u> | C. Ber | rv. P. | О. В | ox 75 | 5. Hobbs | NM 8824 | 11 | | | | | |
| II. DESCRIPTION OF WELL | | | | | | | | | | | | |
| Lease Name | · · · · · · · · · · · · · · · · · · · | | | | | | | of Lease | | Lease No. | | |
| West Lynch Federal | 1 Teas Yates Seven | | | | | Rivers | 1 | (Federal M/XF) | ax I | | | |
| Location | .. | | | | | | | | NIT- | L3276 | | |
| Unit Letter O | : 330 | | Feet From | m The So | outh Line | e and165 | 50 F | et From The | East | Line | | |
| 10 - | 202 | | | | | | | | | | | |
| Section 19 Township | p 20S | | Range | 34E | , NI | MPM, | Lea | 1 | | County | | |
| III. DESIGNATION OF TRAN | SPORTER | OF OI | L AND | NATTI | RAL GAS | | | | | | | |
| Name of Authorized Transporter of Oil | | or Condens | | | | e address to wh | ich approved | copy of this f | form is to be se | ent) | | |
| Navajo Refining Compa | | | L. | J | P. O. I | 3ox 159. | Artesia | . NM 88 | 210 | | | |
| Name of Authorized Transporter of Casing | ghead Gas | | or Dry G | as 🗀 | | e address to wh | | | | nt) | | |
| If well are decree all as limite | 1 77-2 | C | m | | | | | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit : O | Sec. Twp. 19 20S | | 34E | Is gas actually connected? | | When | 7 | | | | |
| If this production is commingled with that i | | | | | No ing order numb | per: | | _ | | . | | |
| IV. COMPLETION DATA | ,, | | , 6 | | | | | | | | | |
| Daily Town Company | O.C. | Oil Well | Ga | s Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | | |
| Designate Type of Completion | | | | | <u> </u> | | | <u> </u> | <u> </u> | 1 | | |
| Date Spudded Date Compl. Ready to Pro | | | | | Total Depth | | | P.B.T.D. | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Pro | ducing For | mation | | Top Oil/Gas I | Pay | | Tuhina Denth | | | | |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | | | • | • | | Tubing Depth | | | | |
| Perforations | | | | | | · | | Depth Casing Shoe | | | | |
| | | | | | | | | | | | | |
| | | | | | CEMENTIN | NG RECOR | <u>D</u> | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | | | | DEPTH SET | | | SACKS CEMENT | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | *** | | | | | |
| V. TEST DATA AND REQUES | T FOR A | LLOWA | BLE | | <u> </u> | 4 10 100 441 | | | | | | |
| OIL WELL (Test must be after re | , | | f load oil | and must | | | | | for full 24 how | 3.) | | |
| Date First New Oil Run To Tank | Date of Test | | | | Producing Me | thod (Flow, pu | np, gas lift, e | Ic.) | | | | |
| Length of Test | Tubing Pressure | | | | Casing Pressu | ne | | Choke Size | | | | |
| | 100.05 | | | | | | | | | | | |
| Actual Prod. During Test | ctual Prod. During Test Oil - Bbls. | | | | Water - Bbls. | | | Gas- MCF | | | | |
| | | | | | | | | | | | | |
| GAS WELL | | | | | | | | | | | | |
| Actual Prod. Test - MCF/D | Length of Te | si | | - | Bbls. Condensate/MMCF | | | Gravity of Condensate | | | | |
| | | | | C N | (61 !) | | Choke Size | | | | | |
| Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) | | | | | Casing Pressu | re (Shut-in) | | Choke Size | | | | |
| W ODER A TOR CERTIFIC | ATT OF A | CO) (DI | TANTO | · · · · · · · · · · · · · · · · · · · | | | | L | | | | |
| VI. OPERATOR CERTIFICA | _ | | | E | | IL CON | SERV | I NOITA | DIVISIO | N | | |
| I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above | | | | | | <u> </u> | | 511.0.0 | | | | |
| is true and complete to the best of my h | nowledge and | belief. | | | Date | Approved | 1 | | | | | |
| 10 11. | | | | | Date | , who over | · | | | | | |
| Danie Dello | | | | | By GROWAL SECRETARY SEXTOM | | | | | M | | |
| Signature Donna Holler | By CRIGHAL SECRETARY SEXTON DELICENCE SEXTON | | | | | | | | | | | |
| Printed Name Title | | | | | Title | | | | | | | |
| 11/21/90 | · | 505-3 | | 27_ | '' | ··· | | | | | | |
| Date | | I elept | some No. | | <u> </u> | | | | | | | |

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

NOV 2 1 1990 (A.A. HORAS (ARM)CE Submit 5 Copies
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OIL CONSERVATION DIVISION

P.O. Box 2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

| <u>I.</u> | Ţ | OTRA | ANSP | ORT O | L AND NA | TURAL G | | | | | | | | |
|--|---|--|--------------------|--|--------------------------------------|--------------------------------|--|---|------------------|-----------------|--|--|--|--|
| Operator C' Dan Berry | | Well API No. 30-025-26625 | | | | | | | | | | | | |
| P.O. Box 67, Euni | ce, New | Mexic | :o 88 | 231 | | | | | | | | | | |
| Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator | Oil Casinghead | Change in | Transp Dry G Conde | as 🔲 | | ner (Please explorer tive 3-2) | · | | | | | | | |
| If change of operator give name and address of previous operator Har | vey E. Y | lates | Comp | any, P | .0. Box | 1933, Ros | swell, N | New Mexi | co 88202 | | | | | |
| II. DESCRIPTION OF WELL | AND LEA | SE | | | | | | | | | | | | |
| West Lynch Federal | deral Well No. Pool Name, Included Teas Yates | | | | | Rivers | | of Lease Federal or Federal or | | ease No. 276 | | | | |
| Location Unit LetterO | : 330 | ······································ | Feet F | rom The Sc | outh Lin | e and <u>1650</u> | <u>) </u> | et From The _ | East | Line | | | | |
| Section 19 Townshi | p 20S | | Range | 34F. | , N | мрм, | Lea | | | County | | | | |
| III. DESIGNATION OF TRAN | SPORTER | OF O | IL AN | D NATU | RAL GAS | | | | | | | | | |
| Name of Authorized Transporter of Oil Navajo | ame of Authorized Transporter of Oil or Condensale Address (Give address to which approved copy of this form is to be sent) | | | | | | | | | nt) | | | | |
| Name of Authorized Transporter of Casing | Gas | Address (Give address to which approved copy of this form is to be sent) | | | | | | | | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit ! | Sec. | Twp. | Rge. | e. Is gas actually connected? When ? | | | | | | | | | |
| f this production is commingled with that it. V. COMPLETION DATA | from any other | r lease or | pool, giv | ve comming | ing order num | ber: | | | | | | | | |
| Designate Type of Completion | - (X) | Oil Well | | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | | | | |
| Date Spudded | Date Compl. Ready to Prod. | | | | Total Depth | I | | P.B.T.D. | | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | | | Top Oil/Gas | Pay | | Tubing Depth | | | | | | |
| Perforations | Depth Casing Shoe | | | | | | | | | | | | | |
| | π | JBING. | CASII | NG AND | CEMENTI | NG RECOR | D | <u> </u> | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | | | | DEPTH SET | | SACKS CEMENT | | | | | | |
| | | | | | | | | | | | | | | |
| . TEST DATA AND REQUES | T FOR AL | LOWA | RLE | | | | | | | | | | | |
| OIL WELL (Test must be after re | | | | oil and must | be equal to or | exceed top allo | wable for this | depth or be fo | or full 24 hours | r.) | | | | |
| Date First New Oil Run To Tank | | | | | | | | Producing Method (Flow, pump, gas lift, etc.) | | | | | | |
| ength of Test | Tubing Pressure | | | | Casing Pressu | re | | Choke Size | | | | | | |
| Actual Prod. During Test | Oil - Bbls. | | | | Water - Bbls. | | | Gas- MCF | | | | | | |
| GAS WELL | | | | | | | | | | | | | | |
| Actual Prod. Test - MCF/D | Length of Te | Length of Test | | | | sate/MMCF | | Gravity of Condensate | | | | | | |
| esting Method (pitot, back pr.) | Tubing Pressure (Shut-in) | | | | Casing Pressu | re (Shut-in) | | Choke Size | | | | | | |
| I. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is tope and complete to the best of my knowledge and belief. | | | | OIL CONSERVATION DIVISION MAR 2 7 1990 | | | | | | | | | | |
| () A. A. A. |) | Journal . | | | Date | Approved | | | | | | | | |
| Signature Sim Romey | | | | | By Paul Kautz | | | | | | | | | |
| Printed Name March 21, 1990 3973189 | | | | | Geologis t Title | | | | | | | | | |
| Date | | Telep | hone No | o. | | | | | | | | | | |

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