District I PO Box 1998, Hobbs, NM 80241-1988 District IJ PO Drewer DD, Artenia, NM 80211-8719 District III 1998 Rie Brazze Rd., Aztec, NM 87410 District IV		State of New Mexico Energy, Minerals & Notarral Resources Department OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088					Form C-1 Revised February 10, 19 Instructions on ba Submit to Appropriate District Offi 5 Copi				
										PO Box 2008, Santa P	e, NM
1.	KI	SQUEST	PUK .	ALLOWA	BLE AND A	UTHO	RIZAT	ION TO T			
Yarborough Oil & Gas L. P. c/o Oil Reports & Gas Services, Inc.					-				<sup>1</sup> OGRID Number		
P. 0. Box 7	& Gas	Services, Inc.					151889 <sup>3</sup> Ressea for Filing Code				
Hobbs, New	Mexi	.co 8824	11						ective 11	-	
	<sup>4</sup> AFI Number 30 - 0 25-10072		<sup>4</sup> Pool Name						* Pool Code		
Property			DRINKARD					19190			
018334			* Property Name					* Well Number			
I. <sup>10</sup> Surface Location		ocation	DOWNES					002			
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· <sup>11</sup> Botto	m H	ole Loca	tion								
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" Lee Code   <sup>10</sup> Pro	ducing	Mathed Code	•   • Gaa	Connection Date	" C-129 Pers	nit Number		C-129 Effective U		129 Expiration Date	
P. I. Oil and Ga	e Tr		06/	/05/59							
Transporter	10 11		1.3 Tamporter	Name	**		100				
OGRID			and Address			<sup>39</sup> POD <sup>31</sup> O/G		<sup>20</sup> FOD ULSTR Location and Description			
015694 Navajo Rez P. O. Box			fining Co.		264	2643710 0		C-05-T22S-R37E			
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022345 Texaco Exp			1. & P		• 264	2643730					
P. O. Box Tulsa, OK					204	G_			C-05-T22S-R37E		
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## 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 PSLA 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

3.

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- 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 Weil RC Recompletion CH Change of Operator AO Add oil/condensate transporter CO Change oil/condensate transporter CG Change 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.
- 5. The name of the pool for this completion
- 8 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 let ne.' bex. Otherwise use the OCD unit letter. 10.
- 11. The bottom hole location of this completion
  - Lease code from the following table:

Federal State Fee Jicarilla

- Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table: F Flowing Flowing Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a 14. gas transporter
- 15. The permit number from the District approved C-129 for this completion
- 16 MO/DA/YR of the C-129 approval for this completion
- 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 21. ñ 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: "Burtery A", "Jones CPD", etc.) 22.
- The PGC 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
- MO/DA/YR this completion was ready to produce 26.
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 30. inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom, 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.

- MO/DA/YR that new oil was first produced 34.
- 35. 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
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39,
- 40. Diameter of the choice 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
  - The method used to test the well: F Flowing P Pumping S Swabbing If other method please write it in.

45.

- 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 pravious 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.

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