District I PO Box 1986, Hobbs, NM 88241-1986 District II

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104 Revised February 10, 1994

Instructions on back

	5 Copies

20 Drawer DD, Artesia, NM \$8211-9719 District III		d 88 211- 9 719	OF COUSEKANTION DIAISION					Instructions on back Submit to Appropriate District Office				
1000 Rio Brazos District IV	Rd., Aztec,	NM 87410	PO Box 2088 Santa Fe, NM 87504-2088					5 Copies				
PO Box 2088, Santa Fe, NM 87504-2088 AMENDED REPORT												
Operator name and Address OGRID Number												
Yarborough Oil & Gas L.P. c/o Oil Reports & Gas Service, Inc. 151889												
Post Office Box 755 Reason for Filing Code												
Hobbs, New Mexico 88241 CH Effective 12/01/95												
30 - 025-10072						Pool Name			' Pool Code			
' Pr	operty Code		DRINKARD Property Name						19190 'Well Number			
018334						DOWNES			002			002
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		Hole Lo			1 300	., 	NORI	л	1840	WE	ST	LEA
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022345			ice Box		*	43730)	G	C-0)5-T22	S-R37	E
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IV. Produced Water												
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VI. Well	Test Da		<u> </u>	 								
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Printed name: Laren Holler Title: Tello Hep. II												
Title: Agent						Approval Date:						
Date: 01/23/96 Phone: (505) 393-2727			2727	JAN 3 0 1895								
11			he OGRID as	mber and nam	e of the prev	ious sper						
W. B. Ya							aren H	oller	·		ent	01/23/96
Previous Operator Signature Printed Name Title Date Old OGRID 024243												

New Mexico Oil Conservation Division C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LARLED "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

AO Add oil/condensate transporter

CO Change oil/condensate transporter

AG Add gas transporter

CG Change gas transporter

RT Request for test allowable (Includ New Well
Recompletion
Change of Operator
Add oil/condensate transporter
Change oil/condensate transporter
Add gas transporter
Change 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
- The name of the pool for this completion 5.
- 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.
- The bottom hole location of this completion 11.
- Lease code from the following table:
 F Federal
 S State
 P Fee
 J Jicarilla 12.

Navajo Ute Mountain Ute Other Indian Tribe

The producing method code from the following table: 13.

Flowing Pumping or other artificial lift

- MO/DA/YR that this completion was first connected to a gas transporter 14.
- 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.
- 18. The gas or oil transporter's OGRID number
- 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.

- 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.
- 25. MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to produce
- 27. Total vertical depth of the well
- Plugback vertical depth 28.
- Top and bottom perforation in this completion or casing shoe and ${\sf TD}$ if openhole 29.
- Inside diameter of the well bore 30.
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and 32.
- Number of sacks of cement used per casing string 33.

The following test data is for an oil well is 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 gas was first produced into a pipeline
- 36. MO/DA/YR that the following test was completed
- 37. Length in hours of the test
- 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 choke used in the test
- Barrels of oil produced during the lest 41.
- 42. Barrels of water produced during the test
- 43 MCF of gas produced during the tast
- 44. Gas well calculated absolute open flow in MCF/D
- 45. The method used to test the well:

Pumpin Swabbi

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.

