

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 1-20-78  
Format C-101-83  
Page 1

DATE RECEIVED		
EXPIRATION DATE		
SANT FE		
FILE		
USE		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
REGISTRATION OFFICE		

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**I.**

Operator  
W. B. Yarborough

Address  
c/o Oil Reports & Gas Services, Inc., P. O. Box 755, Hobbs, New Mexico 88241

Reason (1) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other (Please explain)  
Effective 1/85

If change of ownership give name  
and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Downes	Well No. 3	Pool Name, Including Formation Eumont Yates SRQ	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter B	660	Feet From The North	Line and 1980	Feet From The East
Line of Section 6	Township 22S	Range 37E	NMPM, Lea	County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipe Line Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2648, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3000, Tulsa, Oklahoma 74102					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 5	Twp. 22S	Rge. 37E	Is gas actually connected? Yes	When 6/15/56

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

**VI. 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 is true and complete to the best of my knowledge and belief.

Wanda Holter  
(Signature)  
Agent  
(Title)  
3/28/85  
(Date)

OIL CONSERVATION DIVISION

APPROVED APR - 1 1985, 19\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY SEXTON  
TITLE DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of conditions.  
Separate Forms C-104 must be filed for each pool in multiple completed wells.

RECEIVED

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HOSBIS OFFICE