District I PO Box 1980, Hobbs, NM 88241-1980

State of New Mexico Energy, Minerals & Natural Resources Department

Form C-104 Revised February 10, 1994 Instructions on back Submit to Appropriate District Office

District II 70 Drawer DD, Artesia, NM 88211-0719

OIL CONSERVATION DIVISION

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000 Rio Brazos Sistrict [V	Rd., Aztec,	. NM 87410		Santa F	e, NM	8750	4-2088				ANCE	NDED REPORT		
O Box 2008, Se	• • • •											NDED REPORT		
	R	EQUEST				JA OV	JTHOR	IZATI	ON TO TR					
Operator name and Address Yarborough Oil & Gas L.P.											¹ OGRID Number			
c/o Oil Reports & Gas Services, Inc.							2.6				151889			
Post Office Box 755							CO, Reason for Filing Code					Lode		
		xico 882	241								ective 12/01/95			
'API Number 30 - 0 25-10099						Pool Nan			' Pool Code					
Property Code			Penrose - Skelly - Grayburg							50350				
			¹ Property Name							' Well Number				
018333 II. Surface Location			L.E. Grizzell							001				
Ul or lot no.						from the North/South Lin		uth Line	Feet from the	East/Wer	t line	County		
В	OB.	08 22S 37E							EAST		·			
		6	660 NORTH			1980	EAST LEA		LEA					
UL or lot no. Section Township Range				Lot Ida Feet from the			he North/South line		Feet from the	East/West line		- C		
												County		
12 Lee Code	08	22S	37E	Connection De		60 C-129 Pers	NOR		1980 C-129 Effective		ST C	LEA 129 Expiration Date		
P		P	Ł	/09/55										
III. Oil a	nd Gas	Transpor						1						
Transporter			1* Transporter Name				OD	31 O/G	12 POD ULSTR Location					
OGRID		and Address								and Description				
020667		Shell Pipeline Co.				2643810 0			A-08-T22S-R37E					
2002		Post Office Box 2648 Houston, Texas 77252					250 (188 <mark>)</mark>							
Tevaco			Expl. & Prod., Inc.			0642020			1 00 7000 707					
022345 P		Post Office Box 3000				2643	2643830 G A-08-T22S-R37E				Έ			
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IV. Prod		ater												
	POD					" POD	ULSTR Loc	ation and	Description					
				 										
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Y Spud Date			³⁴ Ready Date 2				מודפים " סד			19 Perforations				
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Hole Size		DE .	31 Casing & Tubing Size				²² Depth Set ²³ Sacka Cement					ks Cement		
-														
VI. Wel	l Test I	Data												
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Printed hard: Laren Holler							Title:							
Title:						Аррі	Approval Date: JAN 3 0 1995					3 () 1000		
Agent Date: 01/23/96							1AN 2 0 1533							
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,, <u>,</u> , ,		is Operator Si	gnature .			P	risted Name		-	_	Title -	Date		
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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 bar

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tasts 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 hame, 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
- 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 3.

NW RCH CH CA CA CR T

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 (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.
- The pool code for this pool
- The property code for this completion
- The property name (well name) for this completion 8.
- The well number for this completion 9.
- 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: 12.

S

ge from the following Federal State
Fee Jicarilla
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 14. gas transporter
- The permit number from the District approved C-129 for this completion 15.
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval for this 17.
- The gas or oil transporter's OGRID number 18.
- 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.

Oil Gas

- 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.
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26.
- Total vertical depth of the well 27
- Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- Inside 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 32.
- Number of sacks of cement used per casing string 33.

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.
- MO/DA/YR that gas was first produced into a pipeline 35.
- MO/DA/YR that the following test was completed 36.
- 37. 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. ressure - das Wells
- Diameter of the choke used in the test 40.
- Barrals of oil produced during the test 41
- Barrels of water produced during the test 42.
- MCF of gas produced during the test 43.
- Gas well calculated absolute open flow in MCF/D 44
- The method used to test the well:

Flowing Pumping Swabbing

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.

