

### OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

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

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**I.**

Operator <u>William B. Yarborough</u>	Well API No. <u>30-025-10099</u>
Address <u>200 N. Loraine, Suite 1400, Midland, Tx 79701</u>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <b>CASINGHEAD GAS MUST NOT BE</b>
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator _____	
FLARED AFTER <u>9-1-90</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.	

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>L.E. Grizzell</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Penrose Skelly Grayburg</u>	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>N</u> Line and <u>1980</u> Feet From The <u>E</u> Line Section <u>8</u> Township <u>22</u> Range <u>37</u> , 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"/> <u>Shell Oil Company Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 4457, Houston, TX 77210-4457</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Texaco Producing Inc</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 3000, Tulsa, OK 74102</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>A</u>	Sec. <u>8</u>	Twp. <u>22</u>	Rge. <u>37</u>
Is gas actually connected? <u>No</u>		When? When permit to surface commingle is approved.		

If this production is commingled with that from any other lease or pool, give commingling order number: Will apply for surface commingling permit.

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>		
Date Spudded <u>2-1-37</u>	Date Compl. Ready to Prod. <u>1-2-90</u>		Total Depth <u>6576'</u>		P.B.T.D. <u>3790'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3435' RKB</u>	Name of Producing Formation <u>Grayburg</u>		Top Oil/Gas Pay <u>3421'</u>		Tubing Depth <u>3725'</u>			
Perforations <u>3440 - 3733' (35 holes)</u>					Depth Casing Shoe <u>6576'</u>			

**TUBING, CASING AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
Unknown	<u>15 1/2"</u>	<u>116</u>	Unknown
"	<u>12 1/2"</u>	<u>320'</u>	<u>125</u>
"	<u>10"</u>	<u>698'</u>	<u>175</u>
"	<u>8 1/2"</u>	<u>1245'</u>	<u>175</u>

**V. TEST DATA AND REQUEST FOR ALLOWABLE** Casing Record continued on back.

**OIL WELL** (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank <u>1-21-90</u>	Date of Test <u>1-21-90</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure <u>10 psi</u>	Casing Pressure <u>10 psi</u>	Choke Size <u>none</u>
Actual Prod. During Test	Oil - Bbls. <u>2</u>	Water - Bbls. <u>0</u>	Gas- MCF <u>9</u>

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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

W.B. Yarborough  
Signature  
W. B. Yarborough Owner/Operator  
Printed Name Title  
7-6-90 915-684-8578  
Date Telephone No.

**OIL CONSERVATION DIVISION**  
**JUL 09 1990**  
Date Approved \_\_\_\_\_  
By \_\_\_\_\_ ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
Title \_\_\_\_\_

**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.

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SACKS CEMENT	DEPTH SET	HOLE SIZE	TUBING SIZE
100	3493'	6-5/8"	Unknown
200	3341-5085'	5 7/8"	Liner
100	4933-6576'	3 7/8"	Liner
--	3725'	2-3/8"	Tubing

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CASING & TUBING SIZE

RECEIVED