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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							Well	API No.				
William B. Yarborough								30-025-26765				
Address												
c/o Oil Reports & Gas	Sarvice	ac In	~	Boy 755	Hobbs	NIM QQ2	41					
Reason(s) for Filing (Check proper box)	Der vice	33, 111	·,	DOX 733		et (Please expla						
New Well		Change in	Transr	vorter of:		·· (						
	0:1		Dry C		E	ffective	11/1/9	1				
Recompletion	Oil		-				, -, -	-				
Change in Operator	Casinghea	1 Gas 🔀	Conde	ensate								
If change of operator give name and address of previous operator										· · · · · · · · · · · · · · · · · · ·		
II. DESCRIPTION OF WELL	AND LEA	SE										
Lease Name		Well No.	Pool 1	Name, Includi	ng Formation		Kind of Lease		ease No.			
L. E. Grizzell	4	Br	unson F	usselman	20366	Sink Fried or Fee						
Location												
Unit Letter A	:810		Feet I	From The	North Lin	and410	F	eet From The	East	Line		
Section 8 Township	22	2s	Range	37E	, NI	мрм,	Lea			County		
W. BESTSHAFFON OF FEDAN		D OE O	FV 43	TION BY A FIRST I	DAT CAC							
III. DESIGNATION OF TRAN	Address (Give address to which approved copy of this form is to be sent)											
Name of Authorized Transporter of Oil or Condensate												
Scurlock Permian Corp.	P.O. Box 1183 Houston, TX 77251-1183											
Name of Authorized Transporter of Casinghead Gas or Dry Gas						Address (Give address to which approved copy of this form is to be sent)						
Sid Richardson Carbon & Gasoline Co.					lst Cit	y Bank T	ower, 2	01 Main St, FtWorth TX				
If well produces oil or liquids,	Unit	Sec. Twp. Rge.			· · · · · · · · · · · · · · · · · · ·							
give location of tanks.	i a i	8	22	s   37E	Yes	i	9-19-80					
If this production is commingled with that f	rom any oth			<del></del>	<del></del>	ber:						
IV. COMPLETION DATA	iom Eny our		pool, g									
Designate Type of Completion -	- (X)	Oil Well	Ţ	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
		<u> </u>			Total Depth	l	L	L	<u> </u>	_i		
Date Spudded	Date Comp	i. Ready to	Prod.		Total Depui			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay	<del>.</del> .	Tubing Depth				
Perforations								Depth Casir	ng Shoe			
	T	UBING,	CAS	ING AND	CEMENTI	NG RECOR	D					
HOLE SIZE CASING & TUBING SIZE						DEPTH SET		SACKS CEMENT				
					·			·				
TO PROPER A MEAN AND PROPERCY	T FOD A	LLOW	DIE	,	L			<u> </u>				
V. TEST DATA AND REQUES							11 6 4		e e 2004 l	<b>\</b>		
OIL WELL (Test must be after re	1		of load	oil and must					for juil 24 nou	<del></del>		
Date First New Oil Run To Tank	Date of Tes	t			Producing Me	thod (Flow, pu	mp, gas lift, e	elc.)				
Length of Test	ssure			Casing Pressu	ire		Choke Size	Choke Size				
	ļ				•							
Actual Prod. During Test			· · · · · · · · · · · · · · · · · · ·	Water - Bbls.			Gas- MCF	Gas- MCF				
-												
	l				1							
GAS WELL								Gravity of Condensate				
Actual Prod. Test - MCF/D	- MCF/D Length of Test				Bbls. Conden	sate/MMCF		Gravity of Condensate				
Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)					Casing Pressu	re (Shut-in)		Choke Size				
								1				
VI. OPERATOR CERTIFICA	ATE OF	COMP	ΤΙΔΊ	NCE								
				IICL	(	DIL CON	ISERV.	ATION	DIVISIO	N		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					1							
is true and complete to the best of my knowledge and belief.												
is not and complete to all boat or my a	10 m 10 0 0 0 0 0 0				Date	Approve	d					
10 1/ 10								100				
Mount Holla					By_	By State of the st						
Signature					-	Paul Issue						
							P.SOUPE	ALTY.				
Printed Name		- ^^^		-	Title			<del></del>				
10-31-91	50	5-393-	2727 phone									
Date			ANALE:	1 <del>1</del> U.	11							

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.