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

District II

\$11 South First, Artesia, NM \$8210 District III

1000 Rio Brazos Rd., Aztec, NM 87410 District IV

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

State of New Mexico
Reergy, Minerals & Natural Resources Departm

Form C-104 Revised October 18, 1994 Instructions on back

Submit to Appropriate District Office 5 Copies

___ AMENDED REPORT 2040 South Pacheco, Santa Fe. NM 87505

[.	R	EQUES	T FOR A	LLOWA	BLE A	JA dv	THORI	ZAT	ION TO T	RANSP	ORT		
Operator name and Address YARBROUGH OIL LP									OGRID Number				
		AS SERVIC	•		025504 3 Reason for Filing Code								
P. O. E			3241										
+ API Number							Pool Name				CG 07/01/98		
20 005 10794							,						
	operty Code						E MATTIX SR-QU-GB perty Name			37240 * Well Number			
	16406			E. L. STEELER			•		002				
		Location	1		S. D. SILEDER								
Ul or lot no.	Section	Township	Range	Lot.ldn	Feet from	n the	North/South Line		Feet from the	East/We	East/West line County		
A 17 235		37E			660		гн	660	EAST LEA		LEA		
11 Bottom Hole Lo		ation											
UL or lot no.	Section	Township	Range	Lot ldn	Feet from	n the North/So		th line	Feet from the East		st line	County	
A	17	238			660		NORTH		660	EAST		LEA	
" Lse Code	13 Produci	ng Method (Connection De	ite i i C	-129 Perm	Permit Number		C-129 Effective	Date	" C-1	29 Expiration Date	
P P 04/04/79 II. Oil and Gas Transporters													
II. Oil and Gas Transp			TICIS Transporter I	Name		22 POD 21 O/G			22 POD ULSTR Location				
OGRID			and Addres	s		100 "0/G			and Description				
022507			CACO TRADING & TRANS. O. BOX 5568				LO	J-17-23S-37E					
THE SECTION OF THE CASE			R, CO 80217-5568										
		DSTREAM SERVICES,			2480930 G			J-17-23S-37E					
1000 LOU		PARTNERSHIP ISIANA, SUITE 5800 _						0-17-235-37E					
hola il ililio	НО	USTON,	TEXAS 77	002-5050		1.54.57							
0. //:/5	200 0130												
V. Produced Water													
POD "POD ULSTR Location and Description													
2480950 J-17-23-S37E													
/. Well C													
³⁹ Spud Date		*	²⁰ Ready Date "TD			" PBTD		" Perfor	tions	DHC, DC,MC			
Al es a Gr													
31 Hole Size			22 Casing & Tubing Size			¹³ Depth Se		<u> </u>		* Sacks Cement			
- 								·					
							· · · · · · · · · · · · · · · · · · ·						
			_										
		-4-2								•			
I. Well					· · · · · · · · · · · · · · · · · · ·								
1 Date New Oil		- Gas I	M Gas Delivery Date 27 7				" Test Length		" Tbg. Pressure		* Cag. Pressure		
41 Choke Size		4 00		4 Water		4 Gas							
-				· ·	· · · • · • · · · · · · · · · · · · · ·	-			* 40)F ,		* Test Method	
1 I hereby certify	y that the rul	es of the Oil	Conservation Di	vision have be	n complied								
with and that the inowledge and b	elief.,	•	is true and comp	olete to the best	of my		OIL	CO	NSERVAT.	ION D	VISI	ON	
Signature:		Hear	1d		Approved by: OSIGNAL SIGNED BY								
rinted name:							Title: FIELD REP. II						
GAYE HEARD Fide:							Amount Davis						
)a.a.	AGENT /22/98		Phone: /	505) 393	SFP 2 4 1998								
		rator (ill in I	he OGRID nun			rious coc-	eter						
	·				p. 6.	open							
	Previous O	perator Sign	ature			Printe	d Name			Tiel	:	Date	
]	

New Mexico Uti Conservation Division C-104 instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "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 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.

separate C-104 must be filed for each pool in a multiple

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.
- 3.

or ning code from the following table:

New Well

Recompletion
Change of Operator (include the effective date.)

Add oil/condensate transporter
Change oil/condensate transporter

Add gas transporter
Change are transporter

Reason for filing code from the following table:

NW New Well

RC Recompletion

CH Change of Operator (Include the effect

AO Add oil/condensate transporter

CO Change oil/condensate transporter

AG Add gas transporter

CG Change gas transporter

RT Request for test allowable (Include 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.
- 5. The name of the pool for this completion
- The pool code for this pool
- 7. The property code for this completion
- The property name (well name) for this completion 8.
- 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.
- 11. The bottom hole location of this completion
- Lease code from the following table:

- Federal State Fee Jicarilla Navajo Ute Mountain Ute Other Indian Tribe
- 13. The producing method code from the following table: F Flowing

Flowing Pumping or other artificial lift

- MO/DA/YR that this completion was first connected to a
- 14.
- 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 completion 17.
- 18. The gas or oil transporter's OGRID number
- 19. Name and address of the transporter of the product
- 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:
 O Oil
 G Gas 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 me 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.
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- Write in 'DHC' if this completion is downhole commingled with another completion, 'DC' if this completion is one of two non-commingled completions in this well bore, or 'MC' if there are more than three non-commingled completions in this well bore. 30.

- 31. Inside diameter of the well bore
- 32. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 33.
- Number of sacks of cement used per casing string

If 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 35.
- MO/DA/YR that gas was first produced into a pipeline 36.
- 37. MO/DA/YR that the following test was completed
- Length in hours of the test 38.
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 39.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- 41. Diameter of the choke used in the test
- Barrels of oil produced during the test 42.
- Barrels of water produced during the test 43.
- 44. MCF of gas produced during the test
- Gas well calculated absolute open flow in MCF/D 45.
- 46. The method used to test the well: F Flowing
 P Pumping
 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 47. signed, and the about this report
- 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 48.