Submit 5 Copies
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

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator		<u> 10 TR</u>	IANS	PORT	OIL AND N	IATURAL	GAS					
YARBROUGH OIL LP	We				II API No.							
Address					3	5851		3	0 025 10	784		
	7F 171	00000						-h				
Reason(s) for Filing (Check proper box)	CE, NM	88231							_			
New Well		Change	i- T	sporter of:	X	Other (Please e	explain)					
Recompletion	Oil	Change	Dry	-	E	FFECTIVE	1-1-	-94				
Change in Operator X		ead Gas 🗓										
If change of operator give name	XACO E		. COL		J NM 88	210			-			
II. DESCRIPTION OF WELL				повы	5, INM 88	240						
Lease Name	AND LE		Pa = 1		· .	il	·					
E L STEELER		2	rou	T ANOT:	luding Formation		11/11/2		of Lease Federal on Federal		Lease No.	
Location		1	ــــــ	LANGL	TE MADDIX	- 2K-1X1	V 613	Suite	, recent on rec	9 80	2170	
Unit LetterA	. 6	660	P	r	МОРТИ		660					
	·		_ Peet i	From The	NORTH L	ine and	660	F	eet From The	EAST	Line	
Section 17 Townsh	ip 23		Range	e 3	7	VMPM.				T TO A		
TI Proton										LEA	County	
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	R OF O	IL A	ND NAT	URAL GAS	5						
and a commontant transporter of Off	(3)	or Conder	Brite		Address (G	ive address to	which ap	prove	copy of this fo	rm is to be s	ieni)	
TEXAS NEW MEXICO Name of Authorized Transporter of Casin	PIPE LI				10/0	BKOADWA	Y	DEN	IVER, CO	80202		
TEXACO PRODUCING I	ghead Gas X or Dry Ga			y Gas	Address (G	Address (Give address to which approved			d copy of this form is to be sent)			
If well produces oil or liquids.	Unit	Sec.	7\		BOX	BOX 113/ EUNICE,			NM 88231			
ive location of tanks.	I A	17	Twp. 23		_ '	ly connected?	' !	When				
this production is commingled with that	from any oth		nool ei	ve commi	YES		NON		4-79		·	
V. COMPLETION DATA	, , , , , , , , , , , , , , , , , , , ,		poor, gr	AC CONTRIBI	uRind outst bill	noer:	NONE	<u>.</u>				
Designate T. C.C.		Oil Well		Gas Well	New Well	Workover			<u> </u>			
Designate Type of Completion	- (X)	Ì	i		1	1	Dec	pen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	l. Ready to	Prod.		Total Depth	L			P.B.T.D.			
Touris (DT DEC					1							
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth			
erforations	<u> </u>											
									Depth Casing	Shoe		
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				CEMENT	CEMENTING RECORD						
HOLE SIZE					DEPTH SET				SACKS CEMENT			
												
												
					- -		·····					
TEST DATA AND REQUES	T FOR A	LLOWA	BLE		_1							
IL VI CLIL (Test must be after re	covery of tou	al volume o	f load o	oil and mu	st be equal to or	exceed ton all	loumble 6	ar ekir	danik as k. č			
ate First New Oil Run To Tank	Date of Test				Producing M	thod (Flow, p	umn eas	lift et	aepin or be for	full 24 hour	·s.)	
ength of Test	······					, , , , ,	718-	-9.,	·.,			
engui or Test	Tubing Pressure				Casing Press.	Casing Pressure						
ctual Prod. During Test	Oil - Bbis.					Water - Bbis.						
- Ing Ital					Water - Bbls.					Gas- MCF		
AS WELL					_l							
rtual David Ton VIORIS												
Trot. Test - MCP/D	Length of Te	set			Bbls. Conden	nie/MMCF			Gravity of Con	densate		
ng Method (pitot, back pr.) Tubing Pres		761										
(puor, back pr.)	Tubing Pressure (Shut-in)				Casing Pressu	Casing Pressure (Shut-in)			Choke Size			
ODED A TOP CONT					<u></u>							
. OPERATOR CERTIFICA	TE OF (COMPL	LIAN	CE								
Division have been complied with and that the information principles of the Oil Conservation					(IL CON	ISEF	RV	TION D	IVISIO	N	
is true and complete to the best of my kn	owledge and	belief.	above		11							
	•	71.		1	Date	Approve	d			334		
The Marte		1 1º	5 .	/							····	
Signature PAHI DRATHED					By_	By ORIGINAL SIGNED BY FIREY SEXTON						
PAUL PRATHER Printed Name		PART			'-	D	ISTRICT	TSU	PERVISOR			
1-10-94	1	T (505) 3	itie) 5 / E	Title							
Date		Teleph										
		- orphi	ITU	•	Н							

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
- 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.