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

State of New Mexico

Form C-104 Revised October 18, 1994 Instructions on back Submit to Appropriate District Office
5 Copies

District [] 811 South First, Artesia, NM 88210

OIL CONSERVATION DIVISION

istrict III 100 Rio Brazos	Rd., Aztes	c, NM 87410			204 San	10 So ta Fe	uth Pach , NM 87	eco 505				ANGE	NDED REPORT		
istrict IV 140 South Pach		; 									لسا	•	NUEU REPORT		
M. Sorici Lecia	F	EQUES	TF				AND AT	JTHORI	ZATI	ON TO TR	ANSP	ORT	 		
YARBROUGH OIL LP										OGRID Number 025504					
c/o OIL REPORTS & GAS SERVICES, INC.								1				Reason for Filing Code			
P. O. B		024	1				CG 07/01/98								
HOBBS,		024	<u> </u>			Pool Nar	al Name				Pool Code				
	PI Number	•		LANGLIE MATTIX SR-OU-GR						37240					
30 - 025-10786 Property Code				Property Name								* Well Number			
016406				E. L. STEELER									004		
I. 10 Surface Locatio			n									East/West line County			
Ul or lot no.	Section	Township	•	Range Lot.ldn		Feet	from the	e North/South Line		Feet from the	East/West line		County		
M	17	23	s	37E		_l	860	60 SOUTH		660	WEST		LEA		
¹¹ I	Bottom	Hole L	ocat	ion				1	4. 1	Ford Same Abo	E (12)	ant line	County		
UL or lot no.	Section	a Township		Range	Lot Idn	Fee	t from the	North/So		Feet from the	East/West line WEST		County		
M	17	23		37E	Connection D		860	mit Number		660 C-129 Effective I	_		129 Expiration Date		
12 Lee Code	13 Produ	icing Method	Code			ate	C-129 FE	IIII Muinoei		C-12, 2					
P Oil o	ad Car	P Transp			/04/79				ــــــــــــــــــــــــــــــــــــــ			<u></u>			
II. Oil a	ransp	" Transporter Name					COO	31 O/G							
OGRID				and Address PRADING & TRANS.						and Description		ort			
022507		TEXACO P. O. B			TRANS.	24		180910		J-17-23S-37E					
		DENVER, CO 80217-5568													
004650		DYNEGY MIDSTREAM SERVICES,						80930 G J-17-23S-37E							
024650		LIMITED PARTNERSHIP 1000 LOUISIANA, SUITE 5800 HOUSTON, TEXAS 77002-5050						5,500							
in south this	******** }	HOUSTON	T	EXAS 77	7002-505	0	3025 X-170	ANALI MERKE	era - Nada						
06.06.08.76.35.07.024	10 g 21 Sec.						Ery O'N' A	an water and							
										ļ					
V Prod	uced V	Vater			 		Bessel	(20) \$ 0 dl \$0, \$ 0.00	· · · · · · · · · · · · · · · · · · ·	<u> </u>					
	V. Produced Water									POD ULSTR Location and Description					
248	80950					J-	-17-23S-	37E							
V. Well	Compl	etion D	ata												
" Spud Date			* R	eady Date	ly Date "TD			* PBTD		" Perfor	** Perforations		* DHC, DC,MC		
								²³ Depth 5					M Sacks Coment		
31 Hole Size				n	Casing & Tu	bing Siz	ie .		Depth 8	set			cus Cement		
	·														
	Test														
Date New Oil S G			as Del	as Delivery Date 77 Test 1			Date "Test Length			"Tog.	Pressure		* Cag. Pressure		
41 Choke Size		- 41	44 Oil		4 Wate		* Ges		4 AOF			e Test Method			
CHORE SEE			- 00			'					-				
47 I hereby cer	tify that th	e rules of the	Oil C	onservation	Division have	been co	mplied								
with and that	the inform				implete to the			0	IL CO	ONSERVA?	NOI	DIVI	SION		
knowledge an Signature:		ye Ho	11 1	(Арр	roved by:		Official .		F			
Printed name:	JC 57) <i>ح</i> يي	L/ -			Tiel	Approved by: OFFIGURAL STANDD BY GARY WINK FIELD REP. II								
GAYE HEARD								Ammuel Date: CFD 0			REP. II				
Title: AGENT								Approval Date: SEP 2 = 1530							
	09/22/			Phone:	(505) 3							====			
" If this is a	change o	operator (1	i in th	e OGRID	number and I	ame of	the previous	operator							
	Person	ous Operator	Sim	ture				rinted Name				Title	Date		
		vjetavi		-			•								

New Mexico Un Conservation Livision 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 barrel.

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.

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

 RC Recompletion

 CH Change of Operator (Include the effect 3.

NW RCH CH CO AG CRT

RC Recompletion
CH Change of Operator (Include the effective date.)
AO Add oil/condensate transporter
CC Change oil/condensate transporter
AG Add gas transporter
CG Change gas transporter
CR 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
- 6. The pool code for this pool
- 7. The property code for this completion
- 8. The property name (well name) for this completion
- 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
- 12. Lease code from the following table:

Federal State

Fee Jicarilla Navajo Ute Mountain Ute Other Indian Tribe

- The producing method code from the following table:
 Following
 Pumping or other artificial lift 13.
- 14. MO/DA/YR that this completion was first connected to a
- 15. The permit number from the District approved C-129 for this completion
- 16. MO/DA/YR of the C-129 approval for this completion
- 17. MO/DA/YR of the expiration of C-129 approval for this completion
 - 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.
 - 21. Product code from the following table:
 O Oil
 G 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 mo 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.
- 25. MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to produce
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- 29. Top and bottom perforation in this completion or casing shoe and TD if openhole
- 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
- Outside diameter of the casing and tubing 32.
- Depth of casing and tubing. If a casing liner show top and bottom. 33.
- 34. 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
- 36. MO/DA/YR that gas was first produced into a pipeline
- 37. MO/DA/YR that the following test was completed
- 38. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- 41. Diameter of the choke used in the test
- 42. Barrels of oil produced during the test
- 43. Barrels of water produced during the test
- 44. MCF of gas produced during the test
- 45. Gas well calculated absolute open flow in MCF/D
- The method used to test the well:
 F Flowing
 P Pumping
 S Swabbing 46.

S Swabbing If other method please write it in.

- 47. 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
- 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.