|      | NO. OF COPIES RECEIVED  | ]  | •  |  |  |
|------|---|--|--|--|--|
|      | DISTRIBUTION  | NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE |  | Form C-104   |  |
|      | SANTA FE /  |  |  | Supersedes Old C-104 and C-110<br>Effective 1-1-65   |  |
|      | U.S.G.S.  | AUTHORIZATION TO TE  | AND<br>RANSPORT OIL AND NATURAL (            | SAS  |  |
|      | LAND OFFICE   |  |  | RECEIVEN   |  |
|      | TRANSPORTER GAS   | _  |  | The same of the sa |  |
|      | OPERATOR 5  | ,  |  | Intly to the   |  |
| I.   | PRORATION OFFICE  Operator  |  |  |  |  |
|      | Mark Production Company   |  |  |  |  |
|      | Address   |  |  |  |  |
|      | 3340 Republic Bank Building, Dallas, Texas 75201  Reason(s) for filing (Check proper box)  Other (Please explain)     |  |  |  |  |
|      | New We!! Change in Transporter of: Change in name of Operator only from   |  |  |  |  |
|      | Recompletion Oil Dry Gas Ray Smith Drilling Company, effective January 1, 1968  |  |  |  |  |
|      | Change in Ownership   Casinghead Gas   Condensate   January 1, 1968   |  |  |  |  |
|      | If change of ownership give name<br>and address of previous owner   | Change in operating  | name only (same owner                        | ship).   |  |
|      | DESCRIPTION OF WELL AND   | . D. C. D  |  | 1,   |  |
| 11.  | DESCRIPTION OF WELL AND Lease Name  | Well No. Pool Name, Including                                |  | Least i.e.   |  |
|      | Leonard-State   | l Turkey Tra   | act East State, Federa                       | ol or Fee State B-7717   |  |
| •    | Location  |  | 1 450  |  |  |
|      | Unit Letter U; 33   | SO Feet From The S L   | Line and 1,650 Feet From                     | The  |  |
|      | Line of Section 1 Tov   | waship 195 Range   | 29E , NMPM, I                                | Eddy County  |  |
| 111. | DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   |  |  |  |  |
|      | Name of Authorized Transporter of Oil   |  | Address (Give address to which appro-        | ved copy of this form is to be sent)   |  |
|      | The Permian Corpor  |  | P. O. Box 3119, Mic                          |  |  |
|      | Rame of Authorized Transporter of Cas   | singledd Gds of Dify Gds                                     | Address (offse aggress to tomen appro-       | ved copy of this joint is to be semy   |  |
|      | If well produces oil or liquids,  | Unit Sec. Twp. Rge.  | Is gas actually connected? Who               | en   |  |
|      | give location of tanks.   | · · · · · · · · · · · · · · · · · · ·                        |  |  |  |
|      | this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA |  |  |  |  |
|      | Designate Type of Completic   | on - (X)   | New Well Workover Deepen                     | Plug Back   Same Res'v.   Diff. Res'v.   |  |
|      | Date Spudded  | Date Compl. Ready to Prod.                                   | Total Depth                                  | P.B.T.D.   |  |
|      |   |  |  |  |  |
|      | Elevations (DF, RKB, RT, GR, etc.)  | Name of Producing Formation                                  | Top Oil/Gas Pay                              | Tubing Depth   |  |
|      | Perforations  | 1  |  | Depth Casing Shoe  |  |
|      |   |  |  |  |  |
|      | LIGHT CLIFE   | TUBING, CASING, A CASING & TUBING SIZE                       | ND CEMENTING RECORD  DEPTH SET               | SACKS CEMENT   |  |
|      | HOLE SIZE   | CASING & TUBING SIZE   | OCI IN SCI                                   | 3/3/3/3 52/11/1  |  |
|      |   |  |  |  |  |
|      |   |  |  |  |  |
| v    | TEST DATA AND REQUEST F   | OR ALLOWABLE (Test must be                                   | e after recovery of total volume of load oil | and must be equal to or exceed top allow-  |  |
| ٧.   | OIL WELL able for this depth or be for full 24 hours)   |  |  |  |  |
|      | Date First New Oil Run To Tanks   | Date of Test   | Producing Method (rlow, pump, gas it         | jt, etc.)  |  |
|      | Length of Test  | Tubing Pressure  | Casing Pressure                              | Choke Size   |  |
|      |   | Oil-Bbls.  | Water-Bbls.                                  | Gas-MCF  |  |
|      | Actual Prod. During Test  | Oll-Bais.  | wdfer - DDIs.                                | GdB-14001  |  |
|      |   |  |  |  |  |
|      | GAS WELL Actual Prod. Test-MCF/D  | Longth of Test   | Bbls. Condensate/MMCF                        | Gravity of Condensate  |  |
|      | Actual Prod. Test - MCF/D   | Honden or 1 age  | Date: Congentacte Minich                     | Startly of Solidaniate   |  |
|      | Testing Mathod (pitot, back pr.)  | Tubing Pressure (Shut-in)                                    | Casing Pressure (Shut-in)                    | Choke Size   |  |
|      | •   | <u> </u>   |  | 7.01.001.001.01  |  |
| VI.  | CERTIFICATE OF COMPLIAN   |  |  |  |  |
|      | I hereby certify that the rules and   | regulations of the Oil Conservation                          | APPROVED                                     | APPROVED   |  |
|      | Commission have been complied with and that the information given   |  | f. By W. A. G.                               | ex_ W. a. Gressett   |  |

OIL AND GAS INSPECTOR

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Sonseta Forma C-101 must be filed for each pool in multiply

(Date)

(Signature)

(Title)

Nell M. Heflin, Assistant Secretary

January 10, 1968