A	· -			
DISTRIBUTION SANTA FE	NEW MEXICO OIL CONSERVATION COMMICTION REQUEST FOR ALLOWABLE		ON	Form C-104 Supersedes Old C-104 and C-1.
FILE /	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL G			Effective 1-1-65
TRANSPORTER OIL /			7	
OPERATOR 4	-		- <del>-                                  </del>	, from a topy R
Mark Production Company	у			:5 <b>%</b>
3340 Republic Bank Buil Reason(s) for filing (Check proper box		Other (Please	explain) Charre	• In manual in to
New Well  Recompletion  Change in Ownership X	Change in Transporter of: Oil Dry G	Milton Ro	olty Company Operator to	( 56 1 /3 /60) 1
If change of ownership give name and address of previous owner	Tenneco Oil Company, P	. O. Box 1031, M	idland, Texas	3
II. DESCRIPTION OF WELL AND Lease Name	LEASE Well No. Pool Name, Including I	Formation	Kind of Lease	Lease No.
State "T"	1 Turkey Track	Queen East	State, Federal or Fe	<sup>e</sup> State E-1055
	Feet From The North Li		Feet From The	West
Line of Section 12 To	wnship 19-S Range	29-Е , имрм,	Eddy	7 County
I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL G.  Name of Authorized Transporter of Oil or Condensate Continental Pipe Line Company  Name of Authorized Transporter of Casinghead Gas or Dry Gas		Address (Give address to which approved copy of this form is to be sent)  Carper Bidg., Artesia, New Mexico  Address (Give address to which approved copy of this form is to be sent)		Mexico
None gas TSTM  If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   E   12   19S   29E	_ <del>-</del>		
V. COMPLETION DATA	th that from any other lease or pool, Oil Well Gas Well	New Well Workover		Back   Same Res'v. Diff. Res'v
Designate Type of Completis	On - (X) 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	Tubi	ng Depth
Perforations			Dept	h Casing Shoe
, HOLE SIZE	TUBING, CASING, AN	DEPTH SE		SACKS CEMENT
V. TEST DATA AND REQUEST FOIL WELL  Date First New Oil Run To Tanks	OR ALLOWABLE (Test must be able for this d	efter recovery of total volum lepth or be for full 24 hours)  Producing Method (Flow,		st be equal to or exceed top allou
Length of Test	Tubing Pressure	Casing Pressure	Chok	ce Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas	-MCF
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MixCF		ity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	in) Chok	ce Size
I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
Commission have been complied	regulations of the Oil Conservation with and that the information given e best of my knowledge and belief.	APPROVED	7. Gres	, 19

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened 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.

Separate Forms C-104 must be filed for each pool in multiply

TITLE

MARK PRODUCTION COMPANY

Ass't Secretary

May 23, 1968

(Signature)

(Title)

(Date)

Ву: