Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico ergy, Minerals and Natural Resources Depart.

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	TO THANGI ON OLEAND NATIONAL GAO							Well API No.			
Marks & Garner Production Company											
Marks & Garner Prod Address	acción do	pair	<i>,</i>								
P O Box 70, Lovingt	on, NM 88	3260-	0070)							
Reason(s) for Filing (Check proper box	·)				Out	ner (Please expl	ain)				
New Well		Change	_,	nsporter of:							
Recompletion X	Oil		_ ′	Gas 🗀							
Change in Operator	Casinghead			ndensate		or 7/	101 1/6				
nd address of previous operatorK	aiser-Fra	ncis	P () Box 214	68 Tuls	a, OK 74.	121-140	0			
I. DESCRIPTION OF WEL	L AND LEA	SE									
Lease Name	ing Formation nnitz (W.C.)			of Lease Lease No. OG-866		ease No.					
N E Maljamar Unit		1		West Kem	mitz (w	.0.)	21810	. Pederal Ort-			
Location	1.0	90			South	660		_	East	• •	
Unit LetterI	:198	6U	Fee	st From The	Lic	e and	l	Feet From The		Line	
Section 31 Town	shin 16S		Rai	nge 33E	. N	MPM, L	ea			County	
Secuoti 31 Town	alip 100										
II. DESIGNATION OF TRA	NSPORTE	ROF	OIL A	AND NATU	RAL GAS						
Name of Authorized Transporter of Oi		or Cond			Address (Gi	ve address to w			orm is to be se	NI)	
Shut In (Permian)				N= 0 = ===		.83 Houst we address to w			orm is to he se	ent)	
Name of Authorized Transporter of Ca	singhead Gas	A (488	Cort	Sor atton	Address (Gr	<i>ve adaress 10 w</i> Penbrook	nich approvi Odessa	тх 79762)	,,	
Phillips 66 Nat 1		Sec.	Tw		 	ly connected?	Whe				
give location of tanks.	1 1	500.	1	p. 1.85.	Yes	,	<u>i</u>				
f this production is commingled with the	nat from any other	er lease	or pool	, give commingl	ing order nurr	ber:					
V. COMPLETION DATA						-,			1= -	Diec Diese	
Designate Type of Completic	n - (X)	Joil W	ell	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
	Date Comp	l Ready	to Pro	l	Total Depth		.1	P.B.T.D.	<u> </u>		
Date Spudded	-4.	•									
Elevations (DF, RKB, RT, GR, etc.)	evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casin	ng Shoe		
TUBING, CASING AND					CEMENT				SACKS CEM	ENT	
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SAONS SEMENT		
								-			
								-			
V. TEST DATA AND REQU	EST FOR A	LLOV	VABI	LE						,	
IL WELL (Test must be after	er recovery of to	tal volun	ne of lo	oad oil and must	be equal to o	r exceed top all	owable for 1	his depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes	ŧ			Producing M	lethod (Flow, p	ump, gas iyi	, eic.)			
T. d. CT. a	Tubin a Dans	Tubing Pagers				aire		Choke Size	Choke Size		
Length of Test	lubing Pres	Tubing Pressure				Casing Pressure					
Actual Prod. During Test	Oil - Bbls	Oil - Bbls.				Water - Bbis.			Gas- MCF		
Bottom 1 1000 Deating 1 400	0 20.0.										
GAS WELL											
GAS WELL Actual Prod. Test - MCF/D	Length of 7	est			Bbls. Conde	nsate/MMCF		Gravity of	Condensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
_					ļ,						
VI. OPERATOR CERTIF	ICATE OF	COM	1PLI	ANCE			JOED)	/ATION	טואופוכ	MC	
I hereby certify that the rules and re	gulations of the	Oil Cons	servatio	on		OIL COI	NOEU I				
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					AUG 0 4 '92						
is true and complete to the best of f	ny kuowiedge an	a venel.			Date	e Approve	ede	ed boz			
11/2//2 //	4 /100	Class	•				Paul K	ed na			
Signature	1 -11 WCC				∥ By_		Geolog				
Debra M. Necaise				e Mgr.							
Printed Name 08-01-92		505	-356	^{le} 5-5326	Title)					
Dota			elenho								

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.