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

State of New Mexico Energy, Millerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWARI F AND AUTHORIZATION

						AUTHUNI					
l		TOTRA	NS	PORT OIL	_ AND NA	TURAL GA		API No.			
Operator	Wen			iri No.							
Marks & Garner Produ	ction	Company	7								
Address		00060									
P O Box 70, Lovingto	n, NM	88260				er (Please expla					
Reason(x) for Filing (Check proper box)		~	T			er (Piease expa	iinj				
New Well	0"	Change in	Dry		07-	01-89					
Recompletion \square	Oil										
Change in Operator	Casinghéa	id Gas	Con	densate						J	
If change of operator give name and address of previous operator										ted to	
•											
II. DESCRIPTION OF WELL	AND LE		τ=				12:			ease No.	
Lease Name		Well No.	Pool	Name, Includ	ing Formation	Rivers		of Lease Federal or Fee	B-91		
Charlotte State		<u> </u>	Eui	mont-lat	es seven	KIVELS	Que een '		1 5 71	<u> </u>	
Location							_				
Unit LetterN	_ : <u> 6</u>	60	Feet	From The So	uth Lin	e and <u>198</u>	<u>0</u> Fe	et From The	West	Line	
										G	
Section 29 Townshi	p 20S		Ran	ge 36E	, N	MPM, Le	<u>a</u>			County	
III. DESIGNATION OF TRAN	SPORTE			IND NATU	RAL GAS			i ama of this for	m is to be su		
Name of Authorized Transporter of Oil	obadin	or Conder	sale		Address (Give address to which approved copy of this form is to be sent) P O Box 430, Hobbs, NM 88240						
Magnum Crude Oil Pur	Chasin	nasing inc.									
Name of Authorized Transporter of Casing	ghead Gas	\bowtie	or D	ory Gas	Address (Giv	e address to wh	tich approved	copy of this for	m is to be se	ent)	
Phillips 66 Natural	Gas			, -							
If well produces oil or liquids,	Unit Sec.		Twp. Rge.		•						
give location of tanks.	1 N	29	20		Yes			6-27-69			
If this production is commingled with that	from any old	ner lease or	pool,	give comming	ling order nu m	ber:					
IV. COMPLETION DATA						<u> </u>	,	y 		big big	
	(12)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	same Res'v	Diff Res'v	
Designate Type of Completion		_l			<u> </u>	<u> </u>	l	l,L			
Date Spudded	Date Com	pl. Ready to	Prod	i.	Total Depth			P.B.T.D.			
	<u> </u>				T. A.	D		 			
Elevations (DF, RKB, RT, GR, etc.)	Name of F	roducing Fo	omnati	ion	Top Oil Gas	ray		Tubing Depth	l .		
								Dowl Cosing	Depth Casing Shoe		
Perforations								Deput Casing	Since		
<u> </u>								<u> </u>			
						CEMENTING RECORD			SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			 	SACKS CEMENT		
								 			
					ļ			 			
								 			
			-==					<u> </u>			
V. TEST DATA AND REQUES	ST FOR A	ALLOW	ABL	Æ				- Josephan ba G	- 6.11 24 hou	ere l	
OIL WELL (Test must be after r	ecovery of I	otal volume	of loc	ad oil and mus	t be equal to of	exceed top alle	owable for the	s aepin or be jo	r juli 24 nou	<i>y3.</i> /	
Date First New Oil Run To Tank	Date of To	est .			Producing M	ethod (Flow, pu	ımp, gas iyi, i	uc.)			
	<u> </u>							Choke Size			
Length of Test	Tubing Pr	essure			Casing Press	nte		Choke Size			
-								Gas- MCF			
Actual Prod. During Test	Oil - Bbls	Oil - Bbls.				Water - Bbls.			Gas- Mcr		
								<u> </u>			
CACWELL								4			
GAS WELL	I enoth of	Test			Bbis. Conde	sate/MMCF		Gravity of Co	ondensate		
Actual Prod. Test - MCF/D Length of Test							Choke Size				
	Tubing Pr	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)					
Testing Method (pitot, back pr.)	1.00	(
				ANCE							
VI. OPERATOR CERTIFIC	ATE O	COM	, LIV	ANCE	-	OIL CON	ISERV	ATION [OIVISIO	NC	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					JUL 1 4 1989						
Division have been complied with and is true and complete to the best of my	unat the info knowledge	лишоп gi\ and belief	CU #0	N. V.C			d	JU	L I 4	1303	
					Date	Approve	.u				
1 (Clicallille	CAL.										
	-EL Lec			· -	By_		ORIGINAL	SIGNED BY	JERRY C	EXTON	
Signature Debra M. Necaise		Of	fic	e Mgr.			DIS	TRICT I SUP	ERVISOP	-~! 044	
Printed Name			Tid	le	Title)					
July 1, 1989	505-	-396-53									
Date	-	Tel	ephor	ne No.	11						

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 with Rule 111.
- 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.

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