Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico Er , Minerals and Natural Resources Departmen.

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

OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

	REQ					BLE AND A								
Openior Marks & Garner Proj	Well API No. 30-025-08151							,						
Address P O Box 70, Loving	ton,	NM 882	260											
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Oil Casinghe	Change in	Dry (Oth	er (Please exp	plain)	-		,		
f change of operator give name address of previous operator Roy.	alty	Holdin	1 <u>g</u> (Co. c	2/0	Pegas	us Ene	rg	y Cor	p., 94	28 We	stg:	ate R	
I. DESCRIPTION OF WELL A Lease Name	AND LE	ASE				ng Formation	noma c	1 L		/ JIOZ		Lease	No.	
Hanagan "B" Federal 1 Double X						NIMIMO 2009							39880	
Unit Letter0	:6	60	Feet	From The		South Lin	e and 198	0	Fe	et From The	East		Line	
Section 1.5 Township	24S		Rang	e 32	2 E	, N	мрм,	Lе	a				County	
II. DESIGNATION OF TRAN	SPORTI			ND NA	TU					Cili				
Name of Authorized Transporter of Oil XX or Condensate Enron Oil Frading & Transportation							Address (Give address to which approved copy of this form is to be sent) P O BOx 1188, Houston, TX 77251-1188							
Name of Authorized Transporter of Casing	head Gas	S	or Dr	y Gas		Address (Giv	e address to	whici	h approved	copy of this f	orm is 10 be	sens)		
GPM Gas Corpors If well produces oil or liquids, ive location of tanks.	i Onit	Sec.	Twp.	1	Rge.	is gas actuali	y connected?		When	?				
this production is commingled with that f. V. COMPLETION DATA	rom any ot	her lease or	pool, g	give conun	ningl	ing order num	ber:							
Designate Type of Completion	· (X)	Oil Well	-	Gas Wel	11	New Well	Workover 		Deepen	Plug Back	Same Res	, þ. 1	if 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										Depth Casing Shoe				
	TUBING, CASING AND									<u> </u>				
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET				,	SACKS CEMENT			
'. TEST DATA AND REQUES OIL WELL (Test must be after re					must	be equal to or	exceed top a	llow	able for thi	depth or be	for full 24 h	ours.)		
C WELL (Test must be after recovery of total volume of load oil and must be First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)								
ength of Test	Tubing Pressure					Casing Pressure				Choke Size				
Actual Prod. During Test	Oil - Bbls.					Water - Bbis.				Gas- MCF				
GAS WELL	<u>L</u>					I					·····			
Actual Prod. Test - MCF/D	Length of	Test				Bbls. Conder	sate/MMCF			Gravity of	Condensate			
esting Method (pilot, back pr.)	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)				Choke Size				
I. OPERATOR CERTIFICATION OF THE PROPERTY OF T	tions of the	Oil Conser	vation			11	OIL CO		SERV.	ATION FEB	DIVIS	ON 193		
H. Harm					_	 By_								
Senature J II Buddy Garner Partner Printed Name Title						ORIGINAL SIGNAD BY JERRY SEXTON Title Signad 1 Supervisor								
01-29-93 Date	505-	396-5 Tele	326 phone	No.								-		

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.