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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator Marks & Garner Production Company	
Address c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change In Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change In Ownership ☒	Casinghead Gas ☐ Condensate ☐
Effective 6/1/78	

If change of ownership give name and address of previous owner **Marks and Garner, P. O. Box 763, Hobbs, NM 88240**

Lease Name Federal A-13		Well No. 1	Pool Name, including Formation Bough Permo Penn	Kind of Lease State, Federal or Fee Federal	Lease No. NM-0450847
Location Unit Letter C ; 660 Feet From The North Line and 1980 Feet From The West					
Line of Section 13 Township 9 S Range 35 E , NMPM, Lea County					

Name of Authorized Transporter of Oil ☒ or Condensate ☐						Address (Give address to which approved copy of this form is to be sent)	
Mobil Pipe Line Co. - D. C. Kennedy						P. O. Box 900,, Dallas, TX 75221	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐						Address (Give address to which approved copy of this form is to be sent)	
Warren Petroleum Corp.						P. O. Box 1589, Tulsa, OK 74102	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 13	Twp. 9S	Rge. 35E	Is gas actually connected?	When 3/2/70	

If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)		Oil Well	Gas Well	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					Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

Date First New Oil Run To Tanks				Date of Test		Producing Method (Flow, pump, gas lift, etc.)	
Length of Test		Tubing Pressure		Casing Pressure		Choke Size	
Actual Prod. During Test		Oil - Bbls.		Water - Bbls.		Gas - MCF	

Actual Prod. Test - MCF/D		Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate	
Testing Method (pilot, back pr.)		Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size	

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
ORIG. SIGNED BY: DONNA HOLLEK (Signature) Agent 6/29/78	

OIL CONSERVATION COMMISSION	
APPROVED _____, 19____	
BY Orig. Signed by Jerry Sexton Dist 1, Supv.	
TITLE _____	
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.	
Duplicate Form C-104 must be filed for each pool in multiple completed wells.	