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LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
MARSHALL PIPE & SUPPLY COMPANY

Address  
13423 Forestway Drive, Dallas, Texas 75240

Reason(s) for filing (Check proper box):

<input type="checkbox"/> New Well	Change in Transporter of:		<input type="checkbox"/> Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input checked="" type="checkbox"/> Dry Gas	
<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease State, Federal or Fee	Lease No.
J. T. MCGEE Com	1	TULE-MONTOYA	Fee	
Location				
Unit Letter <u>B</u>	<u>990</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u>			
Line of Section <u>27</u>	Township <u>2 South</u>	Range <u>29 East</u>	NMPM, <u>Roosevelt</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<u>Rockwell Co.</u>	<u>Box 1558, Breckenridge, TX 76024</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<u>* DOMINION GAS, Dominion Gas Ventures, Inc.,</u>	<u>4609 Pendleton Court, Grand Prairie, Texas 75052</u>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	<u>B</u>	<u>27</u>
	Twp.	Range
	<u>T2S</u>	<u>R29E</u>
Is gas actually connected?	When	
<u>yes</u>	<u>6-2-88</u>	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

J. W. Marshall  
(Signature)  
J. W. Marshall, Operator  
(Title)  
10-17-88 (Date) 214-239-7284

OIL CONSERVATION DIVISION  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
Eddie W. Seay  
BY \_\_\_\_\_  
Oil & Gas Inspector  
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 deviate tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells 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 conditions.  
Separate Forms C-104 must be filed for each pool in multiphase completed wells.

\* Name change from Citigas to Dominion Gas, and change of address.

**IV. COMPLETION DATA**

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, CR, 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			

**V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL** *(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)*

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

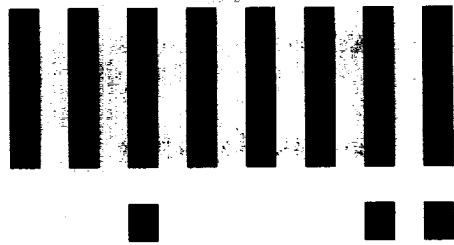
**GAS WELL**

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

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OCT 20 1983

MCAD



**LTR**



**Job separation sheet**

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

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II. DESCRIPTION OF WELL AND LEASE

Lease Name J. T. McGee Com	Well No. 1	Pool Name, including Formation Tule-Penn	Kind of Lease State, Federal or Fee	Fee	Lease N
Location					
Unit Letter B	990	Feet From The North	Line and 1980	Feet From The East	
Line of Section 27	Township 2 South	Range 29 East	NMPM, Roosevelt		Count

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*J. W. Marshall*  
J. W. Marshall, Operator  
10-17-88 (Date) (Title) 214-239-7284

OIL CONSERVATION DIVISION

APPROVED Oct 20 1988, 19  
BY Eddie W. Seay  
TITLE Oil & Gas Inspector

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Perforations						Depth Casing Shoe			

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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**GAS WELL**

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

11-1-78  
 OCT 20 1978  
 HOSKINS