

SANTA FE		
FILE		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

AUG 15 1975

Operator Mark Production Company		O. C. C.	
Address 330 Citizens Bank Bldg., Tyler, Texas 75701		ARTESIA, OFFICE	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	CASINGHEAD GAS MUST NOT BE FLARED AFTER 9-27-75 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of ownership give name and address of previous owner			

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "D"	Well No. 1	Pool Name, Including Formation Square Lake	Kind of Lease State, Federal or Fee Federal	Lease No. NM 19673
Location Unit Letter N ; 2310 Feet From The West Line and 990 Feet From The South Line of Section 27 Township 16 S Range 30 E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
The Permian Corporation	P. O. Box 1183, Houston, Texas 77001			
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)			
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 27	Twp. 16S	Rge. 30E
Is gas actually connected?		When		

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-28-75	Date Compl. Ready to Prod. 8-10-75		Total Depth 3138'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3761.7 GL	Name of Producing Formation Grayburg		Top Oil/Gas Pay 2891'		Tubing Depth 3016 3102'			
Perforations 2841, 99, 2902, 07, 18, 19, 20, 21, 22, 23, 61, 62, 63, 64, 65, 66 2970, 75, 81, 85, 91, 92, 93, 94					Depth Casing Shoe 3102			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8"		508'		200			
7-7/8"	4-1/2"		3102'		350			
	2 3/8"		3016					

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 7-27-75	Date of Test 8-11-75	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure Pump	Casing Pressure	Choke Size Pump
Actual Prod. During Test 22 bbls.	Oil-Bbls. 22 bbls.	Water-Bbls. 0	Gas-MCF too small to measure

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

VI. CERTIFICATE OF COMPLIANCE

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.

Marjorie Lotz
(Signature)
Production Clerk

OIL CONSERVATION COMMISSION

APPROVED AUG 19 1975
BY *W. A. Gressett*
TITLE SUPERVISOR, DISTRICT II

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 allow-