District I PO Box 1966, Hobbs, NM 88241-1960

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104 55 Revised February 10, 1994

District II NO Drawer DD, Artesia, NM \$5211-6719 District III
1000 Rie Brazos Rd., Aztec, NM 87410

Submit to Appropriate District Office 57.94 S. Conice

O Drawer DD, intrict III 000 Rie Brazes			OIL CONSERVATION PO Box 2088 Santa Fe, NM 8750					Submit to Appropriate District Office 5 Copies			
istrict IV O Box 20 <b>63</b> , Se	unta Fe, NM	87504-2088			•			O. C. D	• —	AMENDED REPORT	
•	R	EQUES'		LLOWAI		D AU	THORIZAT	TOT TO	OGRID		
Marks and Garner Production, LTD. Co.							/	014070			
c/o Oil Reports & Gas Services, Inc., P. O. Box 755									D ' Reason for Filing Code		
Hobbs, New Mexico 88241									or name. Requested Ogrid # e same. Eff. 12/01/94		
*API Number 30 - 0 \(\frac{1}{2}5 - 23766\)						ool Nam	4		¹ Pool Code		
' Property Code					ow Flats	s Mor		75720			
015816							/	t. Com	<i>,</i>		
[. 10 5	Surface		3		Dog Car	nvon	361		<u></u>	001	
Ul or lot so.	Section	Township	Range	Lot.ida	Feet from	the	North/South Line	Feet from the	East/West	line County	
	36	16S	27E		198	0	SOUTH	660	EAST	Eddy	
UL or lot no.	Bottom ]	Hole Lo			1		1 31 313 313				
I	36	16S	Range Lot Ida 27E		Feet from		North/South line	Feet from the	East/West	Eddy	
12 Lee Code		ag Method (		Connection D			SOUTH	" C-129 Effective	EAST Date	17 C-129 Expiration Date	
s	I	ŗ									
I. Oil a											
"Transpor			" Transporter Name and Address			" PC	31 O/O	3	22 POD ULSTR Location and Description		
020445 Scur			Permian		1961	710 0	I-36-16S-27E				
district To	Ages P.	O. Bo	x 4648 Tx 7721	0-4648	200	1301 1301		<u>.</u>	30-105		
2000 100 100 100 100 100 100 100 100 100		<del></del>		0-4040	(D)(C)	o composition	Marine Commence (Commence of the Commence of t	X			
009171	1	GPM Gas Corp. Bartlesville, OK				1961730 G I-3			86-16S-27E		
olulu:	24-14-26 24-14-26			<del></del>	Y.X.			Š			
								J		•	
	and the second				\$\$ \$4.000 \$\$						
Service Con-	Section .				200	e de la comita de l La comita de la comita del la comita de la comita del la co		86 6			
	uced Wa	ater				. i ne i n	· · · · · · · · · · · · · · · · · · ·	~3			
n	POD				24	POD U	LSTR Location and	Description			
7 337-11	Ca1-1	in Dat									
V. Well Completion Data  Spud Date Ready Date						# TD		™ PBTD		1º Perforations	
7,52,255			, 6					1515		renormon	
Male Size			H Casing & Tubing Size				<sup>32</sup> Depth	Set		<sup>10</sup> Sacks Cement	
I. Well										,	
Date l	New Oll	<sup>26</sup> Gas Delivery Date		M Test Date			" Test Length	" Tog. 1	Pressure	" Cag. Pressure	
" Choke Size		44 Oil		4 Water		<sup>40</sup> Gas			~=	45	
			-		water		GB	* AOF		* Test Method	
l bereby cen	tify that the r	ules of the O	il Conservation	Division have b	een complied						
with and that to cnowledge and		n given abov	e is true and cor	nplete to the be	at of my		OIL C	ONSERVAT	rion di	VISION	
ignature:	-Xa	ren	toll	1 G -		Approx	ved by: SUI	PERVISOR, E	STRICT	r II	
rinted name:	//					Title:	- <u></u>	<u> </u>			
Title: Agent							Approval Date: IAN 9 1005				
				Phone: (505) 393-2727			JAN 3 1995				
	<del>-</del>	perator fill is	the OGRID a	umber and nar	ne of the prev	ious epe	rator				
					-		1				
	Previous	Operator Si	Epstnis			Prla	sted Name		Tiu	Date	

## IF THIS IS AN AMENDED REPORT. CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Acres 18 18

Report all gas volumes at 15.025 PSIA at 60°, TRANSPORT All oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with fluie 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

- 1. Operator's name and address
- 2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
- Reason for filing code from the following table: 3.

NW RC CH AO CAG CG RT

New Well
Recompletion
Change of Operator
Add oil/condensate transporter
Change oil/condensate transporter
Add gas transporter

Change gas transporter
Request for test allowable (Include volume

requested)
If for any other reason write that reason in this box.

- 4. The API number of this well
- The name of the pool for this completion
- 6. The pool code for this pool
- 7. The property code for this completion
- 8. The property name (well name) for this completion
- 9. The well number for this completion
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter. 10.
- 11. The bottom hole location of this completion
- 12. Lease code from the following table:

  - Federal State Fee Jicarilla

  - Navajo Ute Mountain Ute Other Indian Tribe
- 13. The producing method code from the following table: Flowing
  Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a gas transporter 14.
- 15.
- The permit number from the District approved C-129 for this completion
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval for this 17.
- 18. The gas or oil transporter's OGRID number
- 19. Name and address of the transporter of the product
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.

A. 4.

- Product code from the following table:

- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD",etc.) 22.
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 23.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.) 24.
- 25. MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to produce
- 27 Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole
- incide diameter of the well bore 30.
- Outside diameter of the casing and tubing 31.
- Depth of casing and tubing. If a casing liner show top and bottom. 32.
- Number of sacks of cement used per casing string 33.

The following test date is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- 34. MO/DA/YR that new oil was first produced
- 35. MO/DA/YR that gas was first produced into a pipeline
- 36. MO/DA/YR that the following test was completed
- 37. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 40. Diameter of the choke used in the test
- 41. Barrels of oil produced during the test
- 42. Barrels of water produced during the test
- 43. MCF of gas produced during the test
- 44. Gas well calculated absolute open flow in MCF/D
- 45. The method used to test the well:
  - Flowing Pumping Swabbin

  - S Swabbing If other method please write it in.
- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 48.
- 47. The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person