Subnut 5 Copies Appropriate District Office DISTRICT J P.O. Box 1980, Hobbs, NM 88240	Energy, Minerals and Na	New Mexico Iural Resources Department	Rec eived SEP - 1 1992	CISF Form C-J04 Revised 1-1-89 See Instructions at Bottom of Page	
DISTRICT II P.O. Drawer DD, Anesia, NM 88210		lox 2088 Iexico 87504-2088	· · · ·		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWA	BLE AND AUTHORIZA L AND NATURAL GAS	TION		
I. TO THANSPORTON		LAND NATONAL GAO	Well API No. 30-015-030.	ell Al'I No. 30-015 - 03026	
Address P.O. Box 276, Arte					
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate	Other (Please explain) Effective 8/1/			
If change of operator give name and address of previous operator Mark	oob Energy Corporation,	P. O. Drawer 217, A	rtesia, NM 88	2210	
II. DESCRIPTION OF WELL Lease Name G-J West Coop Unit	Well No. Pool Name, Includ	ing Formation son SR Q Grbg SA	Kind of Lease State, Federator Fee	Lease No. B-1266	
Location Unit Letter P	Feet From The	south_Line and _1230	Feet From The	east Line	
Section 21 Townshi	p 17S Range 29E	, NMFM,	Eddy	County	
	SPORTER OF OIL AND NATU	RAL GAS	1 6.11.6	is to be sent)	
Name of Authorized Transporter of Oil TA	or Condensate	Address Give dadress to which a			
Name of Authorized Transporter of Casinghead Gas or Dry Gas		Address (Give address to which a	h approved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.				
If this production is commingled with that IV. COMPLETION DATA	from any other lease or pool, give comming			b t byte D -tu	
Designate Type of Completion Date Spudded	Oil Well Gas Well - (X) Date Compl. Ready to Prod.	New Well Workover E	Peepen Plug Back Sa P.B.T.D.	ine Res'v Diff Res'v	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	Tubing Depth	
Perforations			Depth Casing S	hoe	
	TUBING, CASING AND	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SA	SACKS CEMENT	
	-				
V. TEST DATA AND REQUES OIL WELL (Test must be after r Date First New Oil Run To Tank	ST FOR ALLOWABLE ecovery of total volume of load oil and musi Date of Test	t be equal to or exceed top allowab Producing Method (Flow, pump,	le for this depth or be for gas lift, etc.)	full 24 hows.) 20110-3 1-11-97	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	chig qo	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.		Gas- MCI ^I	
GAS WELL	I	Bbls. Condensate/MMCI	Gravity of Conc	lensate	
Actual Prod. Test - MCI/D	Length of Test		Choke Size		
losting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)			
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation		OIL CONSERVATION DIVISION			
Division have been complied with and that the information given above is true and complete to the trust of true browledge and benef.		Date Approved SEP 1 1992			
Rhonda Nelson		ORIGINAL SIGNED BY			
Signature Rhouda Nelson Production Clerk		SUPERVISOR, DISTRICT I			
Printed Name AUG 2 8 1892	Title 748-3303 Telephone No.	Title			
Date					

a size as a the automotion to the control of the control of the provider to the term 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. Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.