SANTA FE FILE U.S.G.S. -AND OFFICE

NEW MEATUR DIE CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1	TRANSPORTER CAS	REC	FIVED				
	OPERATOR GAS	-					
1.	PROPATION OFFICE JUN 1 0 1975						
•	Operator						
	Mark Production Company > Q.C.C.						
	Address ARTESIA, OFFICE						
-	330 Citizens Bank Building, Tyler, Texas 75701						
ı	Reason(s) for filing (Check proper bo.	C B B C C C C C C C C C C C C C C C C C			go in Transport	er of	
	New We!1	Change in Transporter of: Oil Dry Ga			ge in Transporter of		
	Change in Ownership	Oil Dry Ga Casinghead Gas Conder		Cas for Drilling Rig Com 1-t-1-18-26			
I			- Co sice	Speene	1-10m * 1-11 - 1-	10 2-6	
	If change of ownership give name and address of previous owner						
	and address of previous owner.						
1.	DESCRIPTION OF WELL AND						
İ	Lease Name	Well No. Pool Name, Including Fo				Lease No.	
	Federal "B"	1 Atoka Penn		State, Federal	or Fee Federal	LC-05644	
	D 000 Court 000						
	Unit Letter F : 990 Feet From The SOULD Line and 990 Feet From The Last						
	Line of Section 1 Township 18S Range 26E , NMPM, Eddy Cou					County	
•							
۱.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S		7.15.7		
	Name of Authorized Transporter of Oi	Prawer 175 artisia New mapie					
	Navayo Cruck Oil Cinchasing Co-		Address (Qué Address to which approved copy of this form is to be sent)			be sent)	
	Name of Alacy and Transporter of Catanghead Gas or Dry Gas XX Cactus Drilling Company Rig #14		Address Green address to which approved copy 2626 Fidelity Union Tower,		wer. Dallas. TX	Dallas TX 75201	
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connect		6-6-75 54		
	give location of tanks.	P 1 18 26	902		6-2-75 Cach		
	If this production is commingled w	ith that from any other lease or pool,	give commingling order	r number:		1	
	COMPLETION DATA	Oil Well Gas Well			Plug Back Same Res'	Dutt Beats	
	Designate Type of Completi		New Well Workover	Deepen		V. Diit. Nes-V.	
}	Date Spudded	Date Compl. Ready to Prod.	Total Depth	-	P.B.T.D.		
	, 2 - 10 - 2 - 10 - 10						
Ì	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay		Tubing Depth		
ĺ							
	Perforations				Depth Casing Shoe		
	TUBING, CASING, AND CEMENTING RECORD						
}	HOLE SIZE	CASING & TUBING SIZE	DEPTH SI		SACKS CEM	FNT	
ŀ	HOLE SIZE	CASING & FORTING SIZE	1	<u>- '</u>			
ŀ							
Ì							
Į			<u> </u>				
	TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be a	fter recovery of total volu		and must be equal to or e	xceed top allow-	
ī	OIL WELL able for this depth or be for full Date First New Oil Run To Tanks Date of Test Producing Meth			hod (Flow, pump, gas lift, etc.)			
	Bute First New Oil Hair To Taile	50.0 0.7 1007					
}	Length of Test	Tubing Pressure	Casing Pressure	e .	Choke Size		
-							
	Actual Prod. During Test	Oi Bbis.	Water - Bbls.		Gas-MCF		
			1				
	GAG WELL						
ſ	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	F	Gravity of Condensate		
	•						
ŀ	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut	-in)	Choke Size		
Į			1		<u> </u>		
	CERTIFICATE OF COMPLIAN	CE	11		TION COMMISSION	1	
			APPROVED	UN 1719	<i>]</i> 75	19	
	I hereby certify that the rules and	regulations of the Oil Conservation with and that the information given	APPROVED	0			
	above is true and complete to the	he best of my knowledge and belief.	BY	1, 2	esser_		
		TITLE					
			SUPERVISOR, DISTRICT L				
	Majoue Lotz		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened				
-	(Signature)		I was this form must be accompanied by a tabulation of the deviation				
	Production Clerk		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-				
•	(Title)		able on new and recompleted wells.				
	May 28, 1975	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.					
	(D	well name or number, or transporter, or other such change of condition.					

Separate Forms C-104 must be filed for each pool in multiply completed wells.

(Date)