## SANTA FE FILE

## NEW MEALLS OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
	-AND OFFICE	RECEIVED		
	TRANSPORTER GAS	-		
	OPERATOR SEP 1 3 1976			
l.	PRORATION OFFICE Operator			
Mark Production Company  O.C.C.  Address  ARTEBIA, OFFICE			,	
			ARTESIA	
	Reason(s) for filing (Check proper box	ns Bank Building, Tyler,		
	New Well	Change in Transporter of:	Other (Please explain)	
			Name of Transporter only	
	Change in Ownership	Casinghead Gas Conder	Effective Augu	ıst 1, 1976
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				
	Federal "B"	1 Atoka Per	nn State, Federa	der Fee Federal LC-066445
	Location   Unit Letter P ; 990   Feet From The   South Line and   990   Feet From The   East			
Unit Letter + ; 220 restrict ine Line and Feet from The				The Huse
	Line of Section 1 Township 18 S Range 26 E , NMPM, Eddy Cou			
111	III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
111.	Name of Authorized Transporter of Oil		Address (Give address to which appro	ved copy of this form is to be sent)
	Navajo Crude Oil Pu		Drawer 175, Artesi	
	Name of Authorized Transporter of Cas		Address (Give address to which appro	ouilding, Dallas, Texas
	Gas Company of New	Unit Sec. Twp. Pge.	Is gas actually connected? Wh	
	If well produces oil or liquids, give location of tanks.	P 1 18 26	Yes	6-6-75
If this production is commingled with that from any other lease or pool, give commingling order number:				
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Restv.   Diff. Restv.
	Designate Type of Completic	$\operatorname{on} = (X)$		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	(e., v., ok, e)			
	Perforations			Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
:				
İ				
		1		
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be				and must be equal to or exceed top allow-
٧.	II. WELL able for this depth or be for full 24 hours)			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	jt, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF
		1	1	
GAS WELL				
ĺ	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	. earling Method (phib), back priy			
VI.	. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given		APPROVED SEP 14	1976 19
			11 1 allense	
	above is true and complete to the best of my knowledge and belief.		BY	
			TITLE SUPERVISOR, DISTRICT, IL	
	5 3 4 4 4 A		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 allowable on new and recompleted wells.	
	(Signature)			
	(Signature) Production Clerk (Title)			
	September 8, 1976		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.	
	(Date)		well name or number, or transpor	ter, or other such change of condition. t be filed for each pool in multiply
			Separate Forms C-104 must be fired for each poor in madapy completed wells.	