SANTA FE FILE U.S.G.S.

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

RECEIVED					
	IRANSPORTER GAS GAS	DRTER			
OPERATOR AUG 1 5 1975			AUG 1 5 1975		
ı.	perator				
	Mark Production Company U.C.C.				
	330 Citizens Bank Building, Tyler, Texas 75701				
	Reason(s) for filing (Check proper box,	oson(s) for filing (Check proper box) Other (Please explain)			
	New Well XX	Change in Transporter of:			
	Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Conden	ondensate		
	If change of ownership give name				
11	DESCRIPTION OF WELL AND	I DACE			
•••	Lease Name	Well No. Fool Name, Including Fo			
	Spencer Com	1 Walesig. Ato	oka Penn State, Fede	ral or Fee Fee	
	Unit Letter K : 1980	Feet From The West Line	e and 1650 Feet From	n The South	
	Line of Section 1 Tov	waship 18S Range	26E , NMPM,	Eddy County	
111.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S		
	Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be se			roved copy of this form is to be sent)	
	Name of Authorized Transporter of Cas	of Administration of Communication of Co		roved copy of this form is to be sent)	
	Southern Union Gas Co		Fidelity Union Tower,		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	is gas actually connected?	Vhen	
	<u> </u>	th that from any other lease or pool,			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completic	on – (X) xx	xx		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	6-2-75	8-1-75	9150 Top Oil/Gas Pay	9110 Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.) 3286 GL	Name of Producing Formation Morrow	8914	278" @ 8814	
	Perforations .	TIOLEON	1	Depth Casing Shoe	
	8914-31	TURING CASING AND	CEMENTING RECORD	9150	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	20"	16"	195'	250	
	15"	11-3/4"	1217'	700	
	11"	8-5/8"	1960'	400	
	7-7/8"	4-1/2"	9150'	il and must be equal to or exceed top allow	
V.	TEST DATA AND REQUEST FOOLL WELL		pth or be for full 24 hours)		
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
		Oil-Bbls.	Water-Bbls.	Gas-MCF	
	Actual Prod. During Test	OII-BEIE.			
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	2959 AOF 4203 Testing Method (pitot, back pr.)	24 hrs. Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	back pr.	2751	Pkr	19/64"	
VI.	CERTIFICATE OF COMPLIAN		11	VATION COMMISSION	
	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. (Signature) Production Clerk		FEB 13 1976 BY		
		ile)	able on new and recompleted wells.		
	8/13/75		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.		
	(Do	(Date)		Separate Forms C-104 must be filed for each pool in multiply	
			completed wells.		