NO. OF COPIES RECE	1				
DISTRIBUTION					
SANTA FE		17			
FILE		1/-	-		
U.S.G.S.					
LAND OFFICE					
TRANSPORTER	OIL				
	GAS				
OPERATOR		6			
PRORATION OFFICE		·			
Operator			• • • • • • • • • • • • • • • • • • • •		
Mark Production Con					
l Address					

January 10, 1968

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65		
	U.S.G.S.	ALITHORIZATION TO TRA	AND UTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
	LAND OFFICE	A THORIZATION TO TRA				
	TRANSPORTER OIL	_	*	RECEIVED		
	OPERATOR Z					
1	PRORATION OFFICE	-		1511 5 7 1009		
••	Operator					
	Mark Production Company					
•	Address 3340 Republic Bank	Puilding Dallag Tarre	75201			
Reason(s) for filing (Check proper box) Other (Please explain)						
	New Well	Change in Transporter of: Change in name of Operator only from				
Recompletion Dry Gas Ray Smith Drilling Compa						
	Change in Ownership	Casinghead Gas Conder	January 1, 196	8		
	If change of ownership give name	give name Chango in operating some				
and address of previous owner Change in operating name only (same ownership).						
II. DESCRIPTION OF WELL AND LEASE						
	Lease Name Well No. Pool Name, Including Formation Kind of Lease Federal					
	Shugart 18-Queen Un	it 4 Shugart (Y SF	RQG) State, Federa	l or Fee NM- 0263393		
	Location T 22					
Unit Letter I ; 330 Feet From The E Line and $1,650$ Feet From The S						
	Line of Section 13 To	wnship 18S Range	30E , NMPM,	Eddy County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)						
	· ·	- -	Address (Give dadress to which approx			
Converted to water injector well 10/1/66 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be so						
						If well produces oil or liquids,
	give location of tanks.			·		
		th 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 Res'v. Diff. Res'v.		
	Designate Type of Completion	on – (X)				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Florence (DE DVD DE 00		T. 01/62	The Development of the Control of th		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations			Depth Casing Shoe		
		TUBING, CASING, AND	CEMENTING RECORD	·		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-		
	OIL WELL Date First New Oil Run To Tanks	able for this de	puth or be for full 24 hours) Producing Method (Flow, pump, gas li)	ft. etc.)		
	Date Flist New Off Nam 10 Tanks	Date of Teat	Froducting Meriod (1 102) Pampy Sac 19	, , , ,		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas-MCF		
	GAS WELL					
	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		
	<u> </u>		<u> </u>			
VI.	VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVA	TION COMMISSION		
I hereby certify that the rules and regulations of the Oil Conservation		OIL CONSERVATION COMMISSION APPROVED				
	Commission have been complied v	with and that the information given	1104			
	above is true and complete to the best of my knowledge and belief.		BY Milli XIIIBEEN			
		TITLE This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despended to the deviation of the deviation.				
11.6. 77 4406						
(Signature)						
	* T	7 '	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
Nell M. Heflin, Assistant Secreta			All sections of this form must be filled out completely for allow			
	(11	***/	able on new and recompleted wells.			

able on new and recompleted wells.

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