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	DISTRIBUTION SANTA FE FILE		ONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GA	S .
1.	GAS OPERATOR PRORATION OFFICE			
	Mark Production Company			
	Address 3340 Republic Bank Building, Dallas, Texas 75201 Reason(s) for filing (Check proper box) New Well Other (Please explain) Change in Transporter of: Change in Transporter of:			
	New Well Recompletion	Change in Transporter of: Oil Dry Ga	s and thange in Ope	rator to Mark Produc-
	Change in Ownership X	Casinghead Gas Conden		
	If change of ownership give name and address of previous owner	Tenneco Oil Company, P.	. C. Box 1031, Midland, T	exas
II.	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease			
	Keohane-Federal	1 Turkey Track C	Queen East State, Federal	^{cr Fee} Federal LC-066087
	Unit Letter M ; 330 Feet From The South Line and 330 Feet From The West			
	Line of Section 6 Tow	nship 19-S Range	30-Е , ммрм, Е	ddy County
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Continental Pipe' Line C	X or Condensate	Address Give address to which approve	New Mexico
	Name of Authorized Transporter of Cas None gas being flare	Inghead Gas or Dry Gas	Address (Give address to which approve	ed copy of this form is to be sent)
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. M 6 19S 30E	Is gas actually connected? When NO	
	If this production is commingled with that from any other lease or pool, give commingling order number:			
1 V .	COMPLETION DATA Designate Type of Completio	n - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	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
	Perforations Depth Casing Shoe			Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V.	TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allo 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 lift, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF
	GAS WELL Actual Prod. Test-MCF/D	Length of Tort	Bbls. Condenscie/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI	I. CERTIFICATE OF COMPLIANCE		OIL CONSERVA	TION COMMISSION
	I bereby certify that the rules and regulations of the Oil Conservation		APPROVED, 19	
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY W. a. Gressett	
	MARK PRODUCTION COMPANY		TITLE	
	By: (Signature) Ass't Secretary		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 testa taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow 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 filled for each pool in multiply completed wells.	
	(Title) May 23, 1968 (Date)			