NO. OF COPIES RECEIVED			
DISTRIBUTION			
SANTA FE			
FILE		1-	
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS	1	
OPERATOR		11	
PRORATION OFFICE		/	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104 Supersedes Old C-104 and C-110

	FILE	REQUEST	OR ALLOWABLE	Effective 1-1-65			
	U.S.G.S.	AND					
	LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
	TRANSPORTER GAS /	· i	RECEIVED				
	OPERATOR //						
ı.	PRORATION OFFICE	1	JAN 171968				
	Operator	1					
	Mark Production Co	mpany					
	Address	D 11	ARTESIA, OFFI	CME			
	Reason(s) for filing (Check proper box)	340 Republic Bank Building, Dallas, Texas 75201 (s) for filing (Check proper box) Other (Please explain)					
	New We!l	Change in name of Operator only from					
	Recompletion	Oil Dry Gas Ray Smith Drilling Company, effective					
	Change in Ownership	Condensate January 1, 1968					
	If change of ownership give name 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 Lease No.						
	Ledse Name Federal 1 C 03030						
	Shugart 18-Queen Unit 3 Shugart (Y SR Q G) State, Federal or Fee LC- 029393-						
	Unit Letter L . 66	Feet From The W Line	e and 1,650 Feet From T	ne S			
	Unit Letter 1 ; 000 Feet From The W Line and 1,000 Feet rom The 5						
	Line of Section 18 Township 18S Range 31E , NMPM, Eddy County						
Ш.	II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil S or Condensate Address (Give address to which approved copy of this form is to be sent)						
	•						
	Texas-New Mexico Pipe Line Company P. O. Box 1510, Midland, Texas Name of Authorized Fransporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent			ed copy of this form is to be sent)			
	Phillips Petroleum Company Bartlesville, Oklahoma			'			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When				
	give location of tanks.	L 18 18S 31E	Yes	7/30/62			
	If this production is commingled with	th that from any other lease or pool,	give commingling order number:				
IV.	COMPLETION DATA			Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completic	on - (X)	New Well Workover Deepen	Plug Buck Same 1/es V. 2m. 1/es V.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Date Spuaded	Date Compilitieday to 1 to a.					
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	Perforations			Depth Casing Shoe			
			CEMENTING RECORD	SACKS CEMENT			
	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 o	nd must be equal to or exceed top allow-			
• •	OIL WELL	able for this de	depth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)				
	Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas tift, etc.)		, 6151)				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Eardin of Tear			-			
	Actual Prod. During Test	Oil-Bble.	Water-Bbls.	Gas-MCF			
		<u> </u>					
	-			• •			
	GAS WELL		1500	Gravity of Condensate			
	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			
	resting Method (pitot, back pri)						
	GERTINICATE OF COURT IAN	CE	OIL CONSERVA	TION COMMISSION			
VI.	. CERTIFICATE OF COMPLIAN	RTIFICATE OF COMPLIANCE		358			
	I hereby 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.		essett				
	above is true and complete to the	e best of my knowledge and belief.					
		TITLE					
	71 11 1	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devi tests taken on the well in accordance with RULE 111.					
	1 Jel 1/10						
	, - · • ·						
	Nell M. Heflin, Ass	1stant Secretary	All sections of this form mu	at be filled out completely for allow-			

All sections of this form must be filled out completely for allowable 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.

(Title)

(Date)

January 10, 1968