

DISTRIBUTION	
INTAKE	1
FILE	1
S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	2
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

Form C-104
Supersedes Old C-101 and C-116
Effective 1-1-65

JAN 3 1979

Operator Marks & Garner Production Company		O.C.C. ARTESIA, OFFICE	
Address c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well ☐	Change In Transporter of:		
Recompletion ☐	Oil ☐	Dry Gas ☐	Effective 1/1/79
Change In Ownership ☒	Casinghead Gas ☐	Condensate ☐	

If change of ownership give name and address of previous owner **J. J. Travis, Western United Life, Bldg., Midland, Texas 79701**

DESCRIPTION OF WELL AND LEASE		NM-025778A	
Lease Name N. Shugart Queen Unit	Well No. 7	Pool Name, including Formation Shugart-Y-SR-Qn-CB	Kind of Lease State, Federal or Fee Federal
Location		Lease No. above	
Unit Letter L ; 2310 Feet From The South Line and 330 Feet From The West			
Line of Section 21 Township 18S Range 31E , NMPM, Eddy County			

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)
Inj.	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well Gas Well 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, CR, 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

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 allowable 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 Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size

CERTIFICATE OF COMPLIANCE

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.

Harold L. Latta
(Signature)
Agent
(Title)
1/2/79
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JAN 4 1979**, 19

BY *W. A. Gussert*

TITLE **SUPERVISOR, DISTRICT II**

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 portions 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.