	NO. OF COPIES RECEIVED 10	۱´ ·	·*	
	DISTRIBUTION SANTA FE		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65
	U.S.G.S. LAND OFFICE TRANSPORTER OIL /	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL G	AS 😨 🕾 🕾 🔆 😳 😳
I.	GAS OPERATOR 5 PRORATION OFFICE			
	Operator Mark Production Co Address	ompany	•	AZO STORES
	Reason(s) for filing (Check proper box, New We!l Recompletion Change in Ownership	Change in Transporter of: Oil Dry Ga Casinghead Gas Conder	Other (Please explain) Change in name Ray Smith Drill Isote January 1, 1968	
	If change of ownership give name and address of previous owner	Change in operating	name only (same owner	ship).
II.	DESCRIPTION OF WELL AND D Lease Name Sun-Federal	Well No. Pool Name, Including F		Federal
	Location	1 Hackberrý Y 310 Feet From The WLin	ales, North	LC_003042
	30	vnship 195 Range	31E , NMPM, Edd	· · ·
111.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil x or Condensate Texas-New Mexico Pipe Line Company P. O. Box 1510, Midland, Texas Name of Authorized Transporter of Casinghead Gas or Dry Gas			
	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, Onit Sec. Twp. Fige. Is gus detudity connected 7 when give location of tanks. N 20 19 31 No			
IV.	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	Plug Back [†] Same Res'v. [†] Diff. Res 'v .
	Designate Type of Completic 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
			D CEMENTING RECORD	SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE		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 allow- able for this depth or be for full 24 hours) Date First New Oil Run To Tanks Date of Test Producing Method (Flaw, 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 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI.	I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION 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.		APPROVED, 19, 19	
			TITLE OIL BUE BAS ASPESTOS	
	All M. Heflin		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	
	(Signafure) Nell M. Heflin, Assistant Secretary (Title)		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-	
	January 10, 1968 (Date)		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.	