SANTA FE FILE U.S.G.S. -AND OFFICE

REQUEST FOR ALLOWABLE AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TRANSPORTER GAS	RECEIVED			
OPERATOR /	000 1 9 1 976			
PRORATION OFFICE SEP 13 1976 Operator				
Mark Production Company			· ·	
Address 330 Citizens Bank Building, Tyler, TX 75701				
Reason(s) for filing (Check proper box) Other (Please explain)				
New We!l Change in Transporter of: Recompletion Dry Gas XX Name change only.				
Change in Ownership Casinghead Gas Condensate Effective August 1, 1976.			igust 1, 1976.	
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F	ormation Kind of Lea		
Bank of Albuquerque Com 1 Cemetary (Mo			2000	
Unit Letter F : 1650 Feet From The North Line and 1980 Feet From The West				
Line of Section 8 Township 20 S Range 25 E , NMPM, Eddy County				
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to which appr	oved conv of this form is to be sent!	
Navajo Crude Oil Purchasing Company D			Drawer 175, Artesia, New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX		Address (Give address to which approved copy of this form is to be sent) First International Building Dallas TV		
Gas Company of New Mexico If well produces oil or liquids, Unit Sec. Twp. Ege. Is		First International Building, Dallas, TX Is gas actually connected? When 75270		
give location of tanks. F 8 20 S 25 E Yes 6/9/75				
If this production is commingled w. COMPLETION DATA	ith that from any other lease or pool,	give commingling order number: New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Completi				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/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	
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-				
OIL WELL 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	ijt, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF	
CAC 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	
CERTIFICATE OF COMPLIANCE		f1	ATION 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.		BY SUPERVISOR, DISTRICT; II		
				+1
(Signature)		If this is a request for allowable for a newly drilled or deepened		
(Signature) Production Clerk		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-		
(Title) September 8, 1976		able on new and recompleted wells.		
(Date)		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.		