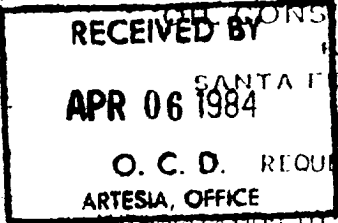


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OIL CONSERVATION DIVISION
P.O. BOX 2088
SANTA FE, NEW MEXICO 87501

O. C. D. REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

MARNEL PIPE & SUPPLY CO. ✓
Address
P.O. Box 1037 Artesia, NM 88210
Reason(s) for filing (check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name and address of previous owner C.E. Larue & B.N. Muncy Jr. POB 470 Artesia, NM 88210

DESCRIPTION OF WELL AND LEASE
Lease Name State Well No. Pool Name, Including Formation Kind of Lease State Lease No.
Location
Unit Letter H : 1-279 2310 Feet From The North Line and 990 Feet From The East
Line of Section 18 Township 19S Range 28E Eddy

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)
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 gas, give location of tanks Unit Sec. Twp. Rge. Is gas actually compressed? 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)
Date completed Date Completion by To From Total Depth Sub. ID.
Elevations (DF, RSH, RI, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tailing Depth
Perforations Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACS 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 oil rate 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 (piston, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
Martin Muncy
Manager
1-16-84

OIL CONSERVATION DIVISION
APR 09 1984
APPROVED
Original Signed By
Leslie A. Clements
Supervisor District II
This form is to be filed in compliance with RULE 111.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all new and recompleted wells.
Fill out only sections I, II, III, and VI for changes of even well name or location, or transporter, or other such change of conditions.
Separate Form C-104 must be filed for each pool in multi-