1.	wo. of copies received DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OPEF: A TOR PROFATION OFFICE Operator GULF OIL CORPORATION Address P. O. BOX 670, Hobbes Reason(s) for filing (Check proper box New Well X Recompletion Change in Ownership	AUTHORIZATION TO TRA AUTHORIZATION TO TRA APR- C. C. C	CONSERVATION CONSE	Form C-104 Supersedes Old C-10\$ and C-116 Effective 1-1-65 - GAS
	If change of ownership give name and address of previous owner]
11	DESCRIPTION OF WELL AND	LEASE		
	Lease Name	Well No. Pool Name, Including F		Louse No.
-	Marquardt Federal 1 White City Penn State, Federal or Fee Federal NM-1412/ Location Unit Letter F ; 1650 Feet From The N 1650 Feet From The West			
	Unit Letter;;	Peer Flom The Transition Lin	rearrant rearrant	n the
	Line of Section 1 Tou	waship 25S Range	26Е , МИРМ,	Eddy County
Ш	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	IS	
****	Name of Authorized Transporter of Oil			roved 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 th				round conv of this form is to be sent
	El Paso Natural Gas	Inghead Gas of Dry Gas		
· · · · · ·		Unit Sec. Twp. Ege.		Vhen
	If well produces oil or liquids, give location of tanks.		No Ye-3	5-16-79
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:	
IV.	COMPLETION DATA Off Well Gas Well New Well Workover Deepen Plug Back Same Resty, Diff. Resty,			
	Designate Type of Completio	n = (X)	X	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	12-19-78	3-21-79 Name of Producing Formation	11,670: Top##1/Gas Pay	Tubing Depth
	Elevations (DF, RAB, RT, GR, etc., 3326 ^t GL	Morrow	11,139	11,017'
	Perforations	FIGTION	<u></u>	Depth Casing Shoe
	11,139' - 11,548'			
			D CEMENTING RECORD	SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE	2150"	825 - Circ
	8-3/4"	7" - 26#	9720*	500 - TSTTCC @ 763
	6-1/3"	<u>5" liner - 15#</u>	9336' - 11,659'	250 (No cmt. on top
		2-3/8"	11,017'	of liner
V.	TEST DATA AND REQUEST FO	RALLOWABLE (Test must be a) able for this de	pin or be for full 24 hours)	il and must be equal to or exceed top allou-
į	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
ļ		Tubing Pressure	Casing Pressure	Choke Size
	Lungth of Test	I LDING PIEBBLE		
	Actual Pred. During Test	Oll-Bbia.	Water-Bbls.	Gas-MCF
]	
ſ	GAS WELL Actual Prod. Teel+MCF/D	Longth of Test	Bbis, Condensate/MMCF	Gravity of Condensate
	4505	4 hr		
ľ	Testing Method (pitot, back pr.)	Tubing Procewo (Shut-in)	Casing Pressure (Shut-in)	Choke Size adjustable
[Back-pressure	3820	200 flg	ATION COMMISSION
¥!.	CERTIFICATE OF COMPLIANCE			2 1 1979
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above in true and complete to the best of my knowledge and belief.		APPROVED	
			BY JUGER	y usert
			TITLE SUPERVISOR, DISTRICT II	
-	1.3. Sikes (Signosure) Ja Area Engineer (Title) 3-23-79 (Date)		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 sections of this form must be filled out completely for allow- 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 filled for each pool in multiply	
	3-23-79	a provincia and a second second and a second a	able on naw and recompleted v Fill out only Sections I, well name or number, or transpo	Mella. 11. 111. and VI for changes orter, or other such change of

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