DISTRIBUTION		
SANTA FE	✓	✓
FILE	✓	✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER OIL	✓	✓
TRANSPORTER GAS	✓	✓
OPERATOR	✓	
PRORATION OFFICE		

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED
NOV 09 1983
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

Marline Petroleum Corporation ✓

Address

4900 Capital Bank Plaza, Houston, Texas 77002

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☒ XXX

Change in Transporter of:
Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner Quanah Petroleum, Inc., 14800 Quorum Drive, Suite 500, Dallas, TX 75240

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Hay A Federal	1	Hay Hollow Bone Spring	Federal	NM0476685B

Location

Unit Letter D : 660 Feet From The north Line and 660 Feet From The west

Line of Section 13 Township 26S Range 27E , NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ XXX or Condensate ☐

Navajo Crude Oil Purchasing

Address (Give address to which approved copy of this form is to be sent)

P.O. Box 159, Artesia, NM 88210

Name of Authorized Transporter of Casinghead Gas ☒ XX or Dry Gas ☐

El Paso Natural Gas

Address (Give address to which approved copy of this form is to be sent)

P.O. Box 1492, El Paso, Texas 79999

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	13	26S	27E	Yes	12-20-82

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. Re

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**

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 allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
			Potential 10-3
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size** 11-18-83
			Chg Op.
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**

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.

Tammie Sue McCormack
(Signature)

Production & Cost Control Coordinator
(Title)

10/26/83
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 10 1983, 19

BY Mike Williams

TITLE OIL AND GAS INSPECTOR

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 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.

Separate C-104 must be filed for each pool in multi-