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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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JAN 17 1968

Operator Mark Production Company		B. C. C. ARTESIA, OFFICE
Address 3340 Republic Bank Building, Dallas, Texas 75201		
Reason(s) for filing (Check proper box)		
New Well	<input type="checkbox"/>	Other (Please explain) Change in name of Operator only from Ray Smith Drilling Company, effective January 1, 1968
Recompletion	<input type="checkbox"/>	
Change in Ownership	<input type="checkbox"/>	
Change in Transporter of:		
Oil	<input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas	<input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____ Change in operating name only (same ownership).

II. DESCRIPTION OF WELL AND LEASE

Lease Name Angell-State	Well No. 1	Pool Name, including Formation East Millman Seven Rivers	Kind of Lease State, Federal or Fee State	Lease No. E-7815
Location				
Unit Letter P.P.	990	Feet From The S	Line and 990	Feet From The E
Line of Section 21	Township 19S	Range 28E	NMPM, Eddy	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent). P. O. Box 3119, Midland, Texas	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petr. Co.	Address (Give address to which approved copy of this form is to be sent). Odessa, Tex.	
If well produces oil or liquids, give location of tanks.	Unit PI	Sec. 21
	Twp. 19	Rge. 28
	Is gas actually connected? When Yes March, 1962	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
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			

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 allowable 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 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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.

Nell M. Heflin
(Signature)
Nell M. Heflin, Assistant Secretary
(Title)
January 10, 1968
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 19 1968, 19

BY W. A. Gressett

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 Forms C-104 must be filed for each pool in multiply completed wells.