

DISTRIBUTION	
SAFETY	/
FILE	/
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL / GAS /
OPERATOR	/
PRODUCTION OFFICE	

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

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

JAN 3 1979

I. OPERATOR
Operator **Marks & Garner Production Company** ✓ **O. C. C.**
ARTESIA OFFICE
Address **c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240**
Reason(s) for filing (Check proper box) Other (Please explain)
New Well Change in Transporter of: Oil Dry Gas
Recompletion Oil Condensate
Change in Ownership Casinghead Gas **Effective 1/1/79**
If change of ownership give name and address of previous owner **J. J. Travis, Western United Life Bldg., Midland, Texas 79701**

II. DESCRIPTION OF WELL AND LEASE NM-014102
Lease Name **N. Shugart Queen Unit** Well No. **8** Pool Name, Including Formation **Shugart Y-SR-Qu-GB** Kind of Lease **Federal** Lease No. **above**
Location
Unit Letter **I**; **2310** Feet From The **South** Line and **330** Feet From The **East**
Line of Section **20** Township **18S** Range **31E**, NMPM, **Eddy** County

III. 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)
Texas-NewMexico Pipeline Company **Box 2528, Hobbs, New Mexico 88240**
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)
Continental Pipeline Company **Box 2197, Houston, Texas 77001**
If well produces oil or liquids, give location of tanks. Unit **L** Sec. **21** Twp. **18S** Rge. **31E** Is gas actually connected? **Yes** When **9/15/61**

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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/MCF	Gravity of Condensate
Testing Method (pilot, 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.

(Signature)
Agent
1/2/79
(Date)

OIL CONSERVATION COMMISSION
JAN 4 1979
APPROVED _____, 19____
BY **W. A. Gussert**
SUPERVISOR, DISTRICT II
TITLE _____

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 change of owner, well name or number, or transporter, or other such change of conditions.