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TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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SANTA FE, NEW MEXICO 87501

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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)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Coastinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner: Quannah 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	Lease No.
Hay C Federal	1	Wildcat Hay Hollow Bone Spring	State, Federal or Fee Federal	NM 20949

Location

Unit Letter L ; 1980 Feet From The south 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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing	P.O. Box 159, Artesia, NM 88210
Name of Authorized Transporter of Coastinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Not negotiating contract; well SI	NA

If well produces oil or liquids, give location of tanks. NA no tank battery set NA Is gas actually connected? NA When NA

(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. Fr.
(X)								

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
			10-3
			11-18-83
			Edg. O.P.

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 10% of total volume 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 (prod, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-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.

Sommie Sue McCormack
(Signature)
Production & Cost Control Coordinator
(Title)
10/26/83
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 10 1983, 19____

BY W. 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 device tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for all wells 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 multi-