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U.S.G.S.
LAND OFFICE
TRANSPORTER OIL
GAS
OPERATOR
PRORATION OFFICE

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

Operator **Marks & Garner**
Address **% Oil Reports & Gas Services, Inc., Box 763, Hobbs, NM 88240**
Reason(s) for filing (Check proper box)
New Well ☐ Change In Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change In Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain) **Effective 3/1/77**

(If change of ownership give name and address of previous owner) **Coquina Oil Corp., P.O. Drawer 2960, Midland, TX 79701**

DESCRIPTION OF WELL AND LEASE
Lease Name **Federal A-13** Well No. **2** Pool Name, Including Formation **Bough Permo Perm** Kind of Lease **Federal** Lease No. **above**
Location
Unit Letter **M** ; **990** Feet From The **South** Line and **660** Feet From The **West**
Line of Section **13** Township **9S** Range **35 E** , NMPM, **Lea** County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Mobil Pipe Line Co. Address (Give address to which approved copy of this form is to be sent) **P.O. Box 900, Dallas, TX 75221**
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Warren Petroleum Corp. Address (Give address to which approved copy of this form is to be sent) **P.O. Box 1589, Tulsa, OK 74102**
If well produces oil or liquids, give location of tanks. Unit **N** Sec. **13** Twp. **9S** Rge. **35E** Is gas actually connected? **Yes** When **3/3/70**

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 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

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 (pilot, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
(6j) **Agent**
March 9, 1977
OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY **John R. Ryan**
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 facts 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.

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MAY 11 1977

OIL CONSERVATION COM. 1
HOBBS, N. M.