

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|------------------------|-----|
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| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

| | |
|---|---|
| Operator Marks & Garner Production Company | |
| Address c/o Oil Reports & Gas Services, Inc., P. O. Box 763, Hobbs, NM 88241 | |
| Reason(s) for filing (Check proper box) | |
| New Well <input checked="" type="checkbox"/> re-entry | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|--|--|-----------|
| Lease Name Betenbough | Well No. 4 | Pool Name, including Formation Rough Permo Penn | Kind of Lease State, Federal or Fee Fee | Lease No. |
| Location | | | | |
| Unit Letter <u>J</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> | | | | |
| Line of Section <u>12</u> Township <u>9S</u> Range <u>35E</u> , NMPM, <u>Lea</u> 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) |
| Mobil Pipeline Company | P. O. Box 900, Dallas, Texas 75221 |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Warren Petroleum Company | P. O. Box 1589, Tulsa, Oklahoma 74102 |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |
| N 12 9S 35E | Yes 9/1/83 |

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> | New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input checked="" type="checkbox"/> Diff. Res'v. <input type="checkbox"/> |
| Date Spudded Re-entered 7/5/83 | Date Compl. Ready to Prod. 9/1/83 | Total Depth 9754 |
| Elevations (DF, RKB, RT, GR, etc.) 4130 KB | Name of Producing Formation Permo Penn | Top Oil/Gas Pay 9691 |
| Perforations 9691 - 9715 | | Depth Casing Shoe 9739 |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 17 1/4 | 13 3/8 | 355 | 350 |
| 11 | 8 5/8 | 4100 | 300 |
| 7 7/8 | 5 1/2 | 9739 | 450 |
| | 2 3/8 | 9720 | |

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 9/1/83 | Date of Test 10/5/83 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 hours | Tubing Pressure --- | Casing Pressure --- | Choke Size --- |
| Actual Prod. During Test | Oil-Bbls. 15 | Water-Bbls. None | Gas-MCF 100 |

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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Donald H. Hall
(Signature)
Agent
(Title)
10/14/83
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 17 1983, 19_____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

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 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.

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OCT 14 1983
O.C.D.
HOBBS OFFICE