

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 | <input type="checkbox"/> OIL <input type="checkbox"/> GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

Operator

Marks & Garner Production Company

Address

c/o Oil Reports & Gas Services, Inc. Box 763, Hobbs, NM 88241

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)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

| | | | | |
|---------------------------------|----------------------|---|---|---------------------------|
| Lease Name Betenbough | Well No. 5 | Pool Name, Including Formation Bough Permo Penn | Kind of Lease State, Federal or Fee Fee | Lease No. |
| Location | | | | |
| Unit Letter L | 1980 | Feet From The South | Line and 660 | Feet From The West |
| Line of Section 12 | Township 9S | Range 35E | NMPM, Lea | County |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Warren Petroleum Company | P. O. Box 1589, Tulsa, OK 74102 |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Yes 2/1/83 |

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 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| | | X | X | | | | | |
| Date Spudded 10/10/81 | Date Compl. Ready to Prod. 2/1/83 | Total Depth 9800 | P.B.T.D. 9714 | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 4145 KB | Name of Producing Formation Penn | Top Oil/Gas Pay 9653 | Tubing Depth 9600 | | | | | |
| Perforations 9653 - 79 | | | | Depth Casing Shoe 9756 | | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|---------------|----------------------|-------------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 17 1/2 | 13 3/8 | 359 | 425 |
| 12 1/4 | 8 5/8 | 4092 | 1900 |
| 7 7/8 | 5 1/2 | 9756 | 825 |
| | 2 3/8 | 9600 | |

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 40 | Length of Test 24hrs | Bbls. Condensate/MMCF None | Gravity of Condensate |
| Testing Method (prior, back pr.) Orifice Meter | Tubing Pressure (shut-in) 38# | Casing Pressure (shut-in) | Choke Size 2" |

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.

Donna Walker
(Signature)
Agent
(Title)
3/14/83
(Date)

OIL CONSERVATION DIVISION

MAR 15 1983

APPROVED _____, 19____

BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I 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 Form C-104 must be filed for each pool in multiple completed wells.

RECEIVED

MAR 14 1983

O.C.D.
HOBBS OFFICE