PO Box 1980, Habbs, NM 88241-1980

Energy, Minerals & Natural Resources Department

Revised February 10, 1994 Instructions on back Submit to Appropriate District Office

District II 20 Drawer DD, Artesia, NM 88211-0719

CAL CONSERVATION DIVISION PO Box 2088 District III 5 Copies 1000 Rio Brame Rd., Astec, NM 87410 Santa Fe, NM 87504-2088 District IV AMENDED REPORT PO Box 2002, Santa Fe, NM 27504-2002 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT Operator name and Address OGRID Number MARKS AND GARNER PRODUCTION, LTD. CO. 014070 P. O. Box 70 Resson for Filing Code Lovington, NM 88260 CH <sup>4</sup> API Number Pool Name Pool Code 30 - 041 - 20873 Bluitt San Andres Assoc. 06880 <sup>1</sup> Property Code 1 Property Name Well Number 16926 Plains Federal <sup>10</sup> Surface Location Ul er lot me. Section Township Range Lot.Ida Feet from the North/South Line | Feet from the East/West line County 7 88 38E 660 South 1980 East Roosevelt 11 Bottom Hole Location UL or lot no. Section Township Range Lot Ida Feet from the North/South line Feet from the East/West line County 660 South 1980 East Roosevelt 15 Producing Method Code 14 Gas Connection Date 14 C-129 Permit Number 16 C-129 Effective Date " C-129 Expiration Date Oil and Gas Transporters Transporter OGRID 17 Transporter Name \* POD 31 O/G " POD ULSTR Location and Address 015694 Navajo Refining Co. 2811265 0 P. O. Box 159 Artesia, NM 88211 0-7-8S-38E Produced Water " POD \* POD ULSTR Location and Description 2812206 0-7-8-38 Wiri Kar Well Completion Data Spud Date M Ready Date \* PBTD " Perforations \* Hole Size 34 Casing & Tubing Size " Depth Set " Sacks Cement VI. Well Test Data M Gas Delivery Date Date New Oil " Test Date " Test Length " The Pressure " Cag. Pressure " Choke Size 4 Water 4 GM " AOF " Test Method I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is tope and complete to the best of my knowledge and belief. OIL CONSERVATION DIVISION Approved by Orig. Signed by Vellen Printed name: LAREN HOLLER Geologist Approval Date: APR 18 1995 Title: AGENT Phone: (505) 393-2727 4/3/95

"If this is a change of operator fill in the OGRIO number and name of the province operator

ELK OIL COMPANY, Joseph J. Kelly,

007147

Previous Operator Signature

How



4/10/95

Title

President

## New Mexico Oil Conservation Division C-104 instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells,

Fill out only sections i, ii, iii, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

- Operator's name and address 1.
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- 3.

Reason for filing code from the following table:

NW New Well

RC Recompletion

CH Change of Operator

AO Add oil/condensate transporter

CO Change oil/condensate transporter

AG Add gas transporter

CG Change ges transporter

RT Request for test allowable (Include volume requested)

If for any other reason write that reason in this box.

- The API number of this well 4.
- The name of the pool for this completion 5
- The pool code for this pool 6.
- The property code for this completion
- The property name (well name) for this completion 8.
- The well number for this completion 9.
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter, 10
- The bottom hole location of this completion 11.
- Lease code from the following table: 12.

Federal State Fee Jicarilla S P

Navajo Ute Mountain Ute Other Indian Tribe

- The producing method code from the following table: F Flowing P Pumping or other artificial lift 13.

- 14. MO/DA/YR that this completion was first connected to a
- The permit number from the District approved C-129 for this completion 15.
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval for this completion 17.
- The gas or oil transporter's OGRID number 18.
- Name and address of the transporter of the product 19.
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.
- Product code from the following table: 21.

Oil

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- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD",etc.) 22.
- The POD number of the storage from which water is moved from this property, if this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 23.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.) 24.
- 25. MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to produce
- Total vertical depth of the well 27.
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- Inside diameter of the well bore 30.
- 31. Outside diameter of the casing and tubing
- Depth of easing and tubing. If a casing liner show top and bettom. 32.
- Number of sacks of cement used per casing string

The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- MO/DA/YR that new oil was first produced 34.
- 35. MO/DAYR that gas was first produced into a pipeline
- 36. MO/DA/YR that the following test was completed
- Length in hours of the test 37.
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 40. Diameter of the choke used in the test
- Barrels of all produced during the test 41.
- 42. Barrels of water produced during the test
- 43. MCF of gas produced during the test
- Gas well calculated absolute open flow in MCF/D 44.
- The method used to test the well:
  F Flowing
  P Pumping
  S Swabbing
  If other method please write it in. 45.

- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 48.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 47.

