District I PO Box 1984, Hobbs, NM 88241-1988

State of New Mexico

Form C-104 Revised February 10, 1994 Instructions on back

Submit to Appropriate District Office

District II

20 Drawer DD, Artesia, NM \$8211-0719

District III

OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088

5 Copies ■ AMENDED REPORT

Date

1000 Rie Brazze Rd., Aztec, NM 87419 District IV PO Box 2088, Santa Fe, NM 97504-2068

I.	R	EQUEST	FOR A	LLOWAB	LE AN	UA Œ	THOR	TASE	ION TO T	RANSI	PORT	•	
I. REQUEST FOR ALLOWABLE AND AUTHORIZAT Operator name and Address Marks, and Carmon, Braduct on LEEP, Go									¹ OGRID Number				
Marks and Garner Production, LTD. Co. c/o Oil Reports & Gas Services, Inc.,									014070				
P. O. I				To add I/ID 'Reason for Filing Code to operator name. Requested Ogrid #									
remain the same. Eff. 12/01/94													
30 - 025-		ها. ط	Pool Name ' Pool Code										
MORTON J						ERMO PENN					47350		
006574					' Property Name Tenneco Fee				' Well Number				
		Location			eimecc	J ree	001						
Ul or lot me.	Section	Towaship	Range	Lot.ida	Feet from	om the North/So		outh Line	Feet from the East		/West line County		
J	31	148	35E		1980	\						•	
	11 Bottom Hole Location		1980	SOUTH		1980	EAST		LEA				
UL or lot no. Section Township Range Lot Idn Feet from the North/South line										East/W	est line	County	
J	31	145	35E		1980)	SOUT		Feet from the East/West in 1980 EAST			LEA	
13 Lee Code			de H Gas	Connection Date		-129 Perm			C-129 Effective		لــــــــــــــــــــــــــــــــــــــ	129 Expiration Date	
P		ıt-In										•	
III. Oil and Gas Transporters													
11 Transporter OGRID		10	17 Transporter Name and Address			" POD		34 O/G	12 POD ULSTR Location				
138648		Amoco PL ITD							and Description				
000778	50	502 N.W. Ave.			27-23			0	J-31-14	S-35E			
Levella:			d, Tx 79702			And Albert Medical State							
011447 J.L. Davis					1274230 G				J-31-14S-35E				
211 N. Co			olorado Texas 79701										
	uzunu, z	Million Control		نشيدنسسن									
San San San San	44.7												
AN IONATON CONT.													
Service Control	Reviews												
IV. Prod		iter											
[™] POD ULSTR Location and Description													
V. Well	Complet	ion Data				· · · · · · · · · · · · · · · · · · ·			······································				
" Spud Date			¹⁴ Ready Date			n TD			™ PBTD	Т	¹⁹ Perforations		
* Hole Size			" Casing & Tubing Size			M Depth Se		Depth Se	4		³⁰ Sacks Cement		
												-	
												· · · · · · · · · · · · · · · · · · ·	
				· · · · · · · · · · · · · · · · · · ·									
VI. Well	Test Da	ita	· · · · · · · · · · · · · · · · · · ·						<u></u>				
H Date New OE H Ga		³⁴ Gas De	Delivery Date 25 Test I		Date		" Test Langth		M Tog. Pressure			" Cag. Pressure	
" Choke Size		4 Oil		4 W	4 Water		[®] Gas		" AOF			4 Test Method	
" I hereby certi	fy that the ru	les of the Oil C	onservation D	Division have been	complied								
knowledge and	belief.	i given above is	true and com	plete to the best o		OIL CONSERVATION DIVISION							
Signature: Waren Holla							Approved by: ORIGINAL SIGNAL BY ISSEN DENTING						
Printed name: Laren Holler							Title: DISTRICT SUCCESSES						
Title:						Approval Date:							
Agent Date: 12/14/94			Phone										
		rates (ill in the	OGRID ==	05) 393-2'	127								
						share	wr						
Previous Operator Signature Printed Name Title Date											Date		

Printed Name

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, 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.

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

 RT Request for test allowable (Include 3.

Recompletion
Change of Operator
Add oil/condensate transporter
Change oil/condensate transporter
Add gas transporter
Change gas transporter
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.
- 5. The name of the pool for this completion
- 6. The pool code for this pool
- 7. The property code for this completion
- The property name (well name) for this completion 8.
- 9. The well number for this completion
- 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 Jicariila

- Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table:
 F Flowing
 P Pumping or other artificial lift 13.
- MO/DA/YR that this completion was first connected to a 14. gas transporte
- 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.
- 17. MO/DA/YR of the expiration of C-129 approval for this
- 18. The gas or oil transporter's OGRID number
- 19. Name and address of the transporter of the product
- 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:
 O Oil
 G Gas 21.

- 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.)
- 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
- MO/DA/YR this completion was ready to produce 26.
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- 29. Top and bottom perforation in this completion or casing shoe and TD if openhole
- 30. Incide diameter of the well bore
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 32.
- 33. 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.

- 34. MO/DA/YR that new oil was first produced
- 35. MO/DA/YR that gas was first produced into a pipeline
- 36. MO/DA/YR that the following test was completed
- 37. Length in hours of the test
- 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
- 41. Barrels of oil produced during the test
- 42. Barrels of water produced during the test
- 43. MCF of gas produced during the test
- 44 Gas well calculated absolute open flow in MCF/D
- 45. The method used to test the well: F Flowing
 P Pumping
 S Swabbing
 If other method please write it in.
- 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 46.
- 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.

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1994