

| | | |
|------------------------|-----|--|
| NO. OF COPIES RECEIVED | | |
| DISTRIBUTION | | |
| SANTA FE | | |
| FILE | | |
| 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

I. Operator **Marks, Garner & Rogers**
Address **c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 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 1/1/76**

If change of ownership give name and address of previous owner **Coquina Oil Corp., 418 Building of Southwest, Midland, Texas 79701**

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------------|--|---|----------------------------|
| Lease Name Huber State | Well No. 1 | Pool Name, Including Formation Lazy J Penn | Kind of Lease State, Federal or Fee State | Lease No. K-6231 |
| Location Unit Letter G , 1980 Feet From The North Line and 1650 Feet From The East Line of Section 2 Township 14 S Range 33 E , NMPM, Lea County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|---|---|------------------|--------------------|--------------------|--|------------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Tex-New Mex PL Co. | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas 79701 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Oklahoma | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit A | Sec. 2 | Twp. 14S | Rge. 33E | Is gas actually connected? Yes | When 9/12/68 |

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

| | | | | | | | | |
|--------------------------------------|-----------------------------|----------|-----------------|----------|--------|-------------------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res't. | Diff. Res't. |
| 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 | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

V. 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 |

VI. 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.

Harold Miller
(Signature)

Agent

(Date)
1/28/76

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY *Harry Miller*

TITLE _____

This form is to be filed in compliance with RULE 1106.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the completion tests taken on the well in accordance with RULE 1111.

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 conditions.