District I PO Box 1986, Hobbs, NM 88241-1986

State of New Mexico

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

OIL CONSERVATION DIVISION

District II

PO Drawer DD, Artesia, NM 85211-6719

Xistrict III			•	TE COMS	PO Box	x 2088			Suom	nt to Vi	ppropri	ata District Offic 5 Copie		
000 Rio Brazos Pietrict IV	Rd., Artec.	, NM 87410		Santa 1	Fe, NM	1 87504	-2088			_	٦	•		
O Bez 2008, &			T FOR A	LLOWAE	BLE AI	ND AU	THOR	RIZAT	ION TO TR	L RANS		ENDED REPOR		
Operator name and Address											OGRID Number			
Marks and Garner Production, LTD. Co. c/o Oil Reports & Gas Services, Inc.,											014070			
P. O. E				00, 20.	•	To add L/ID				Remon for Fling Code name. Requested Ogrid #				
Hobbs,		remain the				same. Eff. 12/01/94								
	M Number			' Pool Name								Pool Code		
30 - 025-23387 ' Property Code			Baum Upper Penn								04940			
			Property Name							' Well Number				
006554 II. 10 Surface Locatio			Baum D State							001				
Ul or lot Be.	Section	Towaship	Range	Lot.lda	Feet free	n the	North/S	outh Line	Feet from the	I Family	est line			
J	04	145	33E							EASO W	COL TIME	County		
		Hole Lo			1 19	80 SOUTH 1980				LEA LEA				
UL or lot se.	Section			outh Nac	Feet from the East/West line County			C						
J	04	145	33E		19	1			1980	1	EAST LEA			
12 Lee Code	12 Lee Code 19 Producing Method		Code H Gas Connection Date		1e " C	" C-129 Permit N			* C-129 Effective I			129 Expiration Date		
S II Oil a	P ad Gas	Tmneno												
III. Oil and Gas Transporters "Transporter "Transporter Name "POD "O								9	· · · · · · · · · · · · · · · · · · ·					
OGRID		and Address				" POD		11 O/G	25 POD ULSTR Location and Description					
138648 Amoco PI						1 274510		0	J-04-14S-33E					
			d, Texas 79702						5 51 145 35E					
024650 Warren F			Petroleum Corp.			1274530 G			J-04-14S-33E					
			Box 1589 OK 74102			1274530 G			0 04 140-00F					
					,	in the same of								
King Standard Common Co														
V Produ	ced Wa	iter			***		eden (ede	E erfolds						
V. Produced Water " POD ULSTR Location and Description										 				
						יטט טע	OIK LOCK	nes sug f	escription .					
		ion Data								·····				
~ Spu	id Date		* Ready D		"TD			* PETD		2º Perforations				
M Hole Size		H Casing & Tubing Size			³⁰ Depth Se			4		²² Sacks Cement				
												- Crassa		
			1					······································						
/I. Well	Test Da	ita					······································			~				
			clivery Date	t Date	te 27 Test Length			^M Tbg. Pressure		20 Cag. Pressure				
" Choke Size		4 OI		4 Water		⁴³ Gas		4 AOF			4 Test Method			
" I bereby certify with and that the	y that the ru	les of the Oil	Conservation D	ivision have been lete to the best	a complied			7	1000					
cnowledge land	elief.		71	nee to the best	ог шу		OI	L CO	NSERVATI	ON D	IVISI	ON		
Signature Kaller							Approved by: ORIGINAL SIGNED BY JERRY SEXTON							
Laren Holler						Title: DISTRICT I SUPERVISOR								
File: Agent						Approval Date: 1200 4005								
Date: 12/1	4/94		Phone:	Phone: (505) 393-2727				The second of th						
		rator (III la ti	e OGRID aus	ber and name	0 the	ione e acces				No other description of all of the second of	V			
	-				prov	4 hat 1 1	- •							
	Previous O	perator Signi	ature			Printe	Name	,		Tic	le	Date		
						*								

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
- 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: 3.

New Well
Recompletion
Change of Operator
Add oil/condensate transporter
Change oil/condensate transporter
Add gas transporter
Change gas transporter
Request for test allowable (include volume RC CH AO CO AG CG RT

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 7.
- 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

SP

State
Fee
Jicarilla
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
- 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 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: 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: "Sattery 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 essign 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.)
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26.
- Total vertical depth of the well 27.
- Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- Incide diameter of the well bore 30
- 31. Outside diameter of the easing and tubing
- Depth of casing and tubing. If a casing liner show top and
- Number of sacks of cement used per casing string 33.

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.
- MO/DA/YR that gas was first produced into a pipeline 35.
- MO/DA/YR that the following test was completed 36.
- 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.
- Diameter of the choke used in the test 40.
- 41. Barrels of oil produced during the test
- Barrels of water produced during the test 42.
- MCF of gas produced during the test 43
- Gas well calculated absolute open flow in MCF/D 44.
- The method used to test the well:
 F Flowing
 P Pumping
 S Swabbing 45.

8 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.

ف فراد ال

· \994