

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

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I.

Operator Mark Production Company	
Address 1108 Simons Building, Dallas, Texas 75201	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
THIS WELL HAS BEEN PRODUCING FOR 20 YEARS AND IS BEING RECOMPLETED NOT BY THE SAME OWNER	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shell-State	Well No. 1	Pool Name, Including Formation Permo-Penn - Tres Papalotes	Kind of Lease State, Federal or Fee State	Lease No. K-3028
Location West Tres Papalotes, Tennyson				
Unit Letter P ; 560 Feet From The South Line and 560 Feet From The East				
Line of Section 30 Township 14-South Range 34-East , 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"/> Amoco Production Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1725, Midland, Texas 79701			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Tipperary Land & Exploration Corp.	Address (Give address to which approved copy of this form is to be sent) 229 Western United Life Bldg., Midland, Texas			
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 30	Twp. 14S	Rge. 34E
	Is gas actually connected? Yes When			

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12-16-71	Date Compl. Ready to Prod. 1-23-72	Total Depth 10,510'	P.B.T.D. --					
Elevations (DF, RKB, RT, GR, etc.) 4143' GL	Name of Producing Formation Permo-Penn	Top Oil/Gas Pay 10,380'	Tubing Depth 10,333'					
Perforations 10,384' - 10,340'	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	12-3/4"	395'	415					
11"	8-5/8"	4,420'	375					
7-7/8"	4-1/2"	10,510'	375					
4-1/2"	2-3/8"	10,333'						

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 1-23-72	Date of Test 1-24-72	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 315 psi	Casing Pressure Packer	Choke Size 20/64"
Actual Prod. During Test 415	Oil-Bbls. 415	Water-Bbls. 0	Gas-MCF 353

GAS WELL


Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.


(Signature)
Assistant Secretary
(Title)
January 27, 1972
(Date)

OIL CONSERVATION COMMISSION

APPROVED  , 19
BY
TITLE **SUPERVISOR DISTRICT I**

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 Forms C-104 must be filed for each pool in multiply completed wells.