	SANTA FE FILE U.S.G.S. AND OFFICE IRANSPORTER GAS OPERATOR	REQUEST	FOR ALLOWABLE AND ANSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 GAS
I.	PRORATION OFFICE			
Operator MARK PRODUCTION COMPANY				
Address 330 Citizens Bank Building, Tyler, Texas 75701				
	Reason(s) for filing (Check proper box) OCASINGLEMAD/ GAS MUST NOT BE New Well X Change in Transporter of:			
	Recompletion Oil Dry Gas If UNL DAS AN EXCEPTION TO R-4070 Change in Ownership Casinchead Gas Condensate IS OBTAINED.			
	If change of ownership give name and address of previous owner	THIS WELL HAS BEEN	PLACED IN THE POOL	
DESIGNATED BELOW. IF YOU DO NOT CONCUR				
	Lease Name State "A" Com Location	LEASE NOTIFY THIS OFFICE. Well No. Pool Name, Including F 1 Cerca/Upper P	enn R-4464 Kind of Leas State, Feder	LG=0029 & $LG=0029$ & $L=3374"Com"$
	Unit Letter N ; 2130 Feet From The West Line and 660 Feet From The South			
	Line of Section 8 Township 14-South Range 34-East, NMPM, Lea County			
ш.	II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil KAof CondensateAddress (Give address to which approved copy of Box 3119, Midland, Texas				
	Name of Authorized Transporter of Casinghead Gas XX or Dry Gas		Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Oklahoma	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge. N 8 14-S 34-E	Is gas actually connected? Wh	ien
IV.	If this production is commingled with that from any other lease or pool, give commingling order number:			
	Designate Type of Completio	on - (X) Oil Well Gas Well X	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.
	Date Spudded 9-26-72	Date Compl. Ready to Prod. 11-10-72	Total Depth 10,550 ¹	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.) 4152 [†] GL	Name of Producing Formation Cerca/Upper Penn	Top Oil/Gas Pay 10,334'	Tubing Depth 10,448
Perforations 10,385' - 10,446' - 25 holes 1/2"			Depth Casing Shoe	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET 421'	SACKS CEMENT 415 sacks
	11"	8-5/8"	4,400'	375 sacks
	7-7/8"	<u>4-1/2"</u> 2-3/8"	10,550'	375 sacks
2-3/8" 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 allo able for this depth or be for full 24 hours)				i. and must be equal to or exceed top allow-
	Date First New Oil Run To Tanks 11-12-72	Date of Test 11-25-72	Producing Method (Flow, pump, gas li Pump	ifs, etc.)
	Length of Test	Tubing Presieure	Casing Pressure	Choke Size
	24 hrs Actual Prod. During Test	Pump Oil-Bble.	Water-Bbls.	Pump Gas-MCF
	43 bbl oil	43 bb1	0	81.7
1	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 COMPLIANC	 F		
¥ 8.	CENTIFICATE OF COMPETANCE		OIL CONSERVATION COMMISSION	
	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.		APPROVED 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	
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	(Signature) Assistant Secretary		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
•	(Title) 11-27-72 (Date)		All sections of this form must be filled out completely for allow- able 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	

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

L. E. 1072 OIL CONSERVE (13% Contribution)