District I PO Box 1980, Hobbs, NM 20241-1980

State of New Mexico

Form C-104 Revised February 10, 1994

District II

20 Drawer DD, Artenia, NM 88211-9719

OIL CONSERVATION DIVISION

Instructions on back
Submit to Appropriate District Office

District III			•		PO 1	Box 2088					, ,	5 Copies		
1900 Rie Brazes Dietrict IV	Rd., Azter	L, NM 87410		Santa	Fe, l	NM 87504	-2088				1	•		
PO Boz 2008, S	ante Fe, Ni	M 87504-2068								<u> </u>	J AMI	ENDED REPORT		
I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT														
	_	Operator na							¹ OGRID Number					
Marks and Garner Production, LTD. Co. c/o Oil Reports & Gas Services, Inc.,											014070			
P. O. E		s servic	•						Rensen for Filing Code					
Hobbs,		241							name. Requested Ogrid # mme. Eff. 12/01/94					
1 A				Pool Name					1 Pool Code					
30 · 0 25 - 28091							e Parma Pann				31055			
' Pr	operty Cod	e (High Plains Permo Penn Property Name							* Well Number				
	06570	·	MGF NM 22 State							001				
		Location							001					
U) er lot me.	Section	Township	Range	Lot.lda	Feet	from the	the North/South		Feet from the	East/West line		County		
_	00'	149	1 245		1 .	en \	NORT		1980		r	LEA		
C 11 1	22 Bottom	Hole Lo	34E 660			00	NORTH		1900	1980 WEST		DEA		
UL er lot no.		from the	n the North/South line Fe			East/West line County								
		Township		Lot Ida			,			East/W	est line	County		
C 12 Lee Code	22	14S	34E	Connection D		60	NOR!		1980	WES		LEA		
S	Llogge	Shut-Ir	1		ale	15 C-129 Perm	i Number	'	* C-129 Effective	Date	" C-	129 Expiration Date		
3/10/03														
III. Oil a						·			····					
"Transporter OGRID			15 Transporter Name and Address			" PO	D	24 O/G	¹² POD ULSTR Location and Description					
		Scurlock	Permian								~~~11 na			
020445 P		P. O. Box 4648					10	0	C-22-14S-34E					
		Houston, Tx 77210-4648				2000 1000 1000 1000 1000 1000 1000 1000		82,525,624 						
Warren			Petroleum Co.			12749	2.0	_	0.00 140 045					
024650		P. O. Box 1589					30	G	C-22-14S-34E					
Tulsa,			OK 74102											
	1													
San			200			A Marie Control	Commercial Company of the Commercial Commerc							
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							Carrier San Spanish (San San San San San San San San San San							
IV. Produced Water														
	POD					" POD UI	POD ULSTR Location and Description							
									•					
V. Well	Comple	etion Dat	2											
	ud Date	<u> </u>	" Ready D	ate		" TD	······		₩ PBTD	Т		Perforations		
											14,01400			
™ Hale Size			N Casing & Tubing Si			, l # 7		Donah C	Depth Set		³³ Sacks Cement			
				Casing & Tubing Size				Debra 20	*		_ 280	ES Cement		
VI. Well	Test I)ata												
Date New Oil							" Test La	neth	* Tbg. P	Teasu re		* Cag. Pressure		
										j				
" Choke Size		4 Oil		42	4 Water		* Gas		" AOF			4 Test Method		
				•					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			THE MICHOL		
" I bereby cert	ify that the	rules of the O	il Conservation I)ivision have b	-	nied (
with and that the	be informati		e is true and com			OIL CONSERVATION DIVISION								
knowledge and Signature:	2	1600												
Men Alla							Approved by: ORIGINAL SIGNED BY JESSEY SEXECTED							
Printed hame:	n Holler	•		Title:	Title: DISTRICY (SQUEEN FORCE)									
Title:				Approve	Approval Dale:									
Date: 1.2	Agent	<u> </u>	Phone:	081 555			عالم في المسا	<u> </u>						
12/	14/94	nametan 611 I-	the OCENT	05) 393	272	7 Le previous opera								
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	Previous	Operator Sig	: Baiure			Pul-r	ed Name				lile	Date		
							(144)5					nate		

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.

- ١. 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 3. NV RCHOOGG AG RT NW New Well
 RC Recompletion
 CH Change of Operator
 AO Add oil/condensate transporter
 CO Change oil/condensate transporter
 AG Add gas transporter
 AG Change gas transporter
 RT Request for test allowable (Include volume requested)
 If for any other reason write that reason in this box.

- 4. The API number of this well
- 5. The name of the pool for this completion
- 6. The pool code for this pool
- 7. The property sode for this completion
- The property name (well name) for this completion
- 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.
- 11. The bottom hole location of this completion
- 12. Lease code from the following table:
 - Federal State Fee Jicarilla

 - Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table:
- Flowing Pumping or other artificial lift
- 14. MO/DA/YR that this completion was first connected to a gas transporter
- 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.
- 18. The gas or oil transporter's OGRID number
- 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: 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.) 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 assign a number and write it here. 23.
- The ULSTR location of this POD if it is different from the wall completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water 24.
- 25. MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to produce
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 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
- 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
- Barrels of water produced during the test 42
- MCF of gas produced during the test 43.
- 44. Gas well calculated absolute open flow in MCF/D
- The method used to test the well:

 F Flowing
 P Pumping
 S Swabbing
 If other method please write it in. 45.
- 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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