STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT	т		•		Farm C-104
	OIL	CONSER	VATION	DIVISION	Revised 10-01-78 Format 06-01-83 Page 1
PALS		P. O.	BOX 2088		•
V.S.A.	S	ANTA FE, N	IEW MEXH	CO 87501	
LAND OFFICE					
TRANSPORTER DIL	•	DEQUEET	FOR ALLOW		
		REQUEST	AND	ADLE .	
PAGRATION OFFICE	AITHOPIZ	ATION TO TRA		L AND NATURAL GAS	•
	RUTTORIZ				
Operator					### <u></u>
MARSHALL PIPE &	SUPPLY C	OMPANY			
Address 13423 Forestway	Drive, D	allas, Te	xas 7524	40	
Reason(s) for filing (Check proper box)	• •			Other (Please explain)	
New Well	Change in T	ransporter ef:	3.	1	
Recompletion		털	Dry Gas		
Change in Ownership	Cesingh	rad Ges	Condenatie		
If change of ownership give name and address of previous owner				.	
I. DESCRIPTION OF WELL AND	D LEASE	ol Name, Includi	Formation	Kind of Lease	Lecse
Lease Name		TULE MONT		State, Federal or Fee	FEE
WENDELL BEST		TULE MONT	<u> </u>		
Location				A.F.C.C	To at
Unit Letter J	0 Feet From "	The South	Line and	2310 Feet From The	East
27	2 Sou	+ h	29 East	t NMPM, Roosevelt	County N M-
Line of Section 27 Tow	mship 2 500	CII Range	29 103	C, NMPM, ROOSEVEIC	Councy No Meeu
III. DESIGNATION OF TRANSP Name of Authorized Transporter of Oli			Asdress	(Give address so which approved copy	of this form is to be sent)
Name of Autoprices Transporter of Con-		_		•	
Name of Authorized Transporter of Cas	inchead Gas	et Dry Ges	Address	(Give address to which approved copy	
* DOMINION GAS, D			es Inc	4609 Pendleton C Grand Prairie, T	ourt Yexas 75052
and the second secon	Unit Sec.	Twp. Ree	la gas ec	rually connected? When	
If well produces all or liquids, give location of tanks.	J 27	T2S R2		Yes 6-2-	88
				mingling order number:	
f this production is commingled wit			vol, Elve com		<u> </u>
NOTE: Complete Parts IV and V	on reverse side	e if necessary.		· .	
			1	OIL CONSERVATION D	IVISION
VI. CERTIFICATE OF COMPLIAN	NCE				
I hereby certify that the rules and regulation	ons of the Oil Cons	ervation Division h	ave APPR		<u>ung</u> , 19
bereby ceruity that the rules and regulate been complied with and that the informatio	n given is true and	complete to the bes	ιof	Eddie W. S	eav
by knowledge and belief	•		BY		And a subscription of the
			11	Oil & Gas Ins	pertor
	0 -		TITLE		
ALTIMON	1kall			his form is to be filed in complian	
ANN WELL	since		- I	this is a request for allowable for	a newly drilled or desp a tabulation of the desi
(Signal	•		tenta t	his form must be accompanied by taken on the well in accordance w	ith RULE 111.
J. W. Marshall,			- H -	I sections of this form must be fill	
10-17-88		7284 Tele	able e	a new and recompleted walls.	
10-17-88 Øst			wall a	ill out only Sections 1. 21. 22, an ame or number, or transporter, or oth	er such change of cond
* * Name change fro	-	to	5.	parato Forms C-104 must be file tod wella.	d for each pool in mul
Dominion G	as, and c	hange of	1. C300)6	94R 44190.	
Address					

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IV. COMPLETION DATA

Designate Type of Completi		Qii Well	Gas Well	New Weil I	' Workover 1	i Deepen i i	' Plug Back I I	Same Res'v.	DILL RI I I
Date Spudded	Date Compl.	Compl. Redy to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
eriorations							Depth Caring Shoe		
	•	TUBING,	CASING, AN	DCEMENTI	NG RECOR	0			
HOLE SIZE CAS		5 & TUBI	NG SIZE		DEPTH SE	τ	SACKS CEMENT		
					•				

V. TEST DATA AND REQUEST FOR ALLOWABLE (1 ast mut be diter recovery of rotat bound of the det of over 10 of the det of the depth or be for full 24 hours) OII. WELL able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas 11), etc.)		
Length of Yest	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oll - Bbis,	Water - Bbls.	Gas + MCF	

GAS WELL

A DESCRIPTION OF THE OWNER	al Prod. Test-MCF/D Length of Test		Gravity of Condeneate
1		-	
Testing Method (pitot, back pr.)	Tubing Pressure (Shat-18)	Casing Pressure (Shut-in)	Choke Size
•	•		

OCT 201988 OCD HOBBS OFFICE
