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Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Geology, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator MARSHALL PIPE & SUPPLY COMPANY		Well API No. 30-041-20809
Address 13423 Forestway Dr., Dallas, Texas 75240		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/> Re-Entry	<input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

### II. DESCRIPTION OF WELL AND LEASE

Lease Name STOLTENBERG	Well No. 1	Pool Name, including Formation Tule-San Andres Gas Pool	Kind of Lease FEE State, Federal or Fee	Lease No.
Location Unit Letter F : 1650 Feet From The North Line and 2310 Feet From The West Line Section 26 Township 2S Range 29E, NMPM, Roosevelt County, NM County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 1558, Breckenridge, Texas 76024				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 2720 Stemmons Freeway-Suite 900 South Tower, Dallas, Texas 75207				
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 26	Twp. T2S	Rge. R29E	Is gas actually connected? <input checked="" type="checkbox"/> Not Yet <input type="checkbox"/> When? <input type="checkbox"/> hopefully 4-1-93

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		XX	Re-Entry			XX		
Date Spudded Drilled '86 9-18-92	Date Compl. Ready to Prod. 10-2-92		Total Depth 3117'		P.B.T.D. 2980'			
Elevations (DF, RKB, RT, GR, etc.) 4394 GL	Name of Producing Formation San Andres		Top Oil/Gas Pay 2920 to 2930		Tubing Depth 2877			
Perforations 2920 to 2930, 2 holes per foot - 21 holes					Depth Casing Shoe 3117			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8 48#		331		300sacks "C" Cem.			
11"	8-5/8" 24#		2128		500 HOWC Lt/200 "C"			
7-7/8"	4-1/2" 11.60#		3117		200 HOWC Lt/100 Poz.			

### 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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

### GAS WELL

Actual Prod. Test - MCF/D 584 MCF	Length of Test 24 hours	Bbls. Condensate/MMCF -0- Dry gas	Gravity of Condensate -
Testing Method (pilot, back pr.) flowing/	Tubing Pressure (Shut-in) 1019	Casing Pressure (Shut-in) -0- packer	Choke Size 3/32

### VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature J. W. Marshall  
Printed Name Marshall Pipe & Supply Co./Operator  
Date 3-17-93 Telephone No. 214-239-7284

### OIL CONSERVATION DIVISION

Date Approved APR 05 1993  
By ORIGINAL SIGNED BY LARRY BEXTON  
Title DISTRICT SUPERVISOR

### INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED  
MAR 22 1993  
OCD HOBBS OFFICE