

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.S.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
MARSHALL PIPE & SUPPLY COMPANY
Address 13423 FORESTWAY DRIVE, DALLAS, TEXAS 75240

Reason(s) for filing (Check proper box) Other (Please explain)
☒ New Well Change in Transporter of:
☐ Recompletion ☐ Oil ☒ Dry Gas
☐ Change in Ownership ☐ Casinghead Gas ☒ Condensate

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name J. T. MCGEE COM.	Well No. 1	Pool Name, including Formation TULE-PENN	Kind of Lease State, Federal or Fee FEE	Lease No.
--------------------------------	---------------	---	--	-----------

Location
Unit Letter B ; 990 Feet From The NORTH Line and 1980 Feet From The EAST
Line of Section 27 Township 2 SOUTH Range 29-WEST, NMPM, ROOSEVELT 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"/> KOCH OIL COMPANY	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"/> CITIGAS	Address (Give address to which approved copy of this form is to be sent) 624 SIX FLAGS DR. #128, ARLINGTON, TX 76011
If well produces oil or liquids, give location of tanks.	Unit B Sec. 27 Twp. T2S Rge. R29E Is gas actually connected? Yes When 6-2-88

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of
my knowledge and belief.

J. W. MARSHALL, OPERATOR

6-14-88

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

TITLE _____

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 multiple completed wells.

McGee: Tule-Penn

Form C-104
Revised 10-01-78
Format 08-01-83
Page 2

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X						
Date Spudded	3-18-87	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
		5-13-87		7206					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
4385 G.L.	Tule-Penn	6759		7020					
Perforations						Depth Casing Shoe			
6759 to 6769						7204			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8"	313	300
11"	8-5/8"	2174	550 & 200
7-7/8"	5-1/2"	7204	250
5-1/2"	2-3/8"	7020	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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	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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
640 MCF	24 hours	-0-	
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
flowing	another zone	1100	10/64