

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 58-01-83  
Page 1

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL
OPERATOR	<input type="checkbox"/> GAS
PRODUCTION OFFICE	

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)  
☐ New Well  
☐ Recompletion  
☐ Change in Ownership

Change in Transporter of:  
☐ Oil  
☒ Casinghead Gas  
☒ Dry Gas  
☐ Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name SPEIGHT	Well No. 1	Pool Name, including Formation TULE-MONTOYA	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter I : 1400 Feet From The South Line and 1280 Feet From The East Line of Section 22 Township 2 South Range 29 East N.M.P.M. Roosevelt County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Rock Oil Co.	Address (Give address to which approved copy of this form is to be sent) Box 1558 Breckenridge 76024
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> * DOMINION GAS, Dominion Gas Ventures, Inc.	Address (Give address to which approved copy of this form is to be sent) 4609 Pendleton Court Grand Prairie, Texas 75052
If well produces oil or liquids, give location of tanks. Unit J Sec. 27 Twp. T2S R29E	Is gas actually connected? When yes 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  
(Signature)  
Operator  
(Title)  
10-17-88, 214-239-7284  
(Date)

\* Name change from Citigas to Dominion Gas, and change of address.

OIL CONSERVATION DIVISION

APPROVED  
BY Eddie W. Sedg  
TITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multi-completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Re
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GK, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			

#### 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
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

RECEIVED

OCT 20 1988

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