

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 08-01-83
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U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

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

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 FEE	Lease No.
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 , NMPM, ROOSEVELT Count				

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 I Sec. 22 Twp. T2S Rge. R29E	Is gas actually connected? Yes When 6-12-88

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
(Signature)
6-14-88
(Date)

OIL CONSERVATION DIVISION

APPROVED **JUL 14 1988**, 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 deep well, this form must be accompanied by a tabulation of the device 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 well name or number, or transporter, or other such change of conditions.
Separate Forms C-104 must be filed for each pool in multi-completed wells.

SPEIGHT: Tule-Montoya

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IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
Date Spudded	10-14-87	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
		1-29-88		7200					
Elevations (DF, RKB, RT, GR, etc.)	4388 G.L.	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
		Tule-Montoya		7084		7048.50			
Perforations	7084 to 7098					Depth Casing Shoe			
						7199			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	320	300
11"	8-5/8"	2180	200
7-7/8"	5-1/2"	7199	250
5-1/2"	2-3/8"	7048.50	

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 - 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 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
270 MCF	24 hours	-0-	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
flowing	1100	another zone	10/64