

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 06-01-83
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SANTA FE		
FILE		
U.S.G.A.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator **MARSHALL PIPE & SUPPLY COMPANY**

Address **13423 Forestway Dr., Dallas, Texas 75240**

Reason(s) for filing (Check proper box) Other (Please explain)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name **Perry** Well No. **1** Pool Name, including Formation **Tule-Pennsylvanian** Kind of Lease **Fee** Lease No. _____

Location **M 990** Feet From The **South** Line and **660** Feet From The **West**

Line of Section **23** Township **T2S** Range **R29E** NMPM. **Roosevelt** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

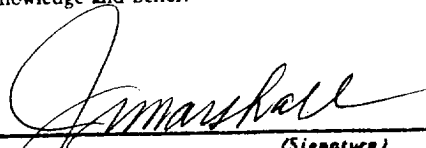
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
KOCH OIL COMPANY	Box 1558, Breckenridge, Tex. 76024
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
DOMINION GAS, DOMINION GAS VENTURES, INC.	4609 Pendleton Court, Grand Prairie, Texas 75052
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit M Sec. 23 Twp. T2S Rge. R29E	No Yes 10-25-88 (if approved)

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

(Title)

10-20-88, 214-239-7284

(Date)

OIL CONSERVATION DIVISION

APPROVED **OCT 23 1988**, 19 _____

BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I 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 deviated 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 ownership, well name or number, or transporter, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multiple completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well XX	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Re
Date Spudded 8-10-88	Date Compl. Ready to Prod. 10-18-88		Total Depth 7275		P.B.T.D. 7100			
Elevations (DF, RKB, RT, GR, etc.) 4382 GL/4392 KB	Name of Producing Formation Tule-Pennsylvanian		Top Oil/Gas Pay 7034, 7006, 6948 and 6825		Tubing Depth 6992			
Perforations 6825-7044						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	343	300
11"	8-5/8"	2168	200 and 550
7-7/8"	5-1/2"	7274'	250
5-1/2"	2-3/8"	6992	

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 4.153 MCF	Length of Test 24 hours	Bbls. Condensate/MMCF 4.50	Gravity of Condensate 61.7
Testing Method (pilot, back pr.) flowing	Tubing Pressure (Khat-in) 1883	Casing Pressure (Khat-in) 1903	Choke Size 18/64