

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator	MARSHALL PIPE & SUPPLY COMPANY	Well API No.	30-041-20846
Address	13423 Forestway Dr., Dallas, Texas 75240		
Reason(s) for Filing (Check proper box)	<input type="checkbox"/> Other (Please explain)		
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<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	MORRISON	Well No.	1	Pool Name, Including Formation	Tule-Pennsylvanian Gas	Kind of Lease FEE	State, Federal or Fee	Lease No.	
Location	Unit Letter A : 750 Feet From The North Line and 990 Feet From The East Line Section 22 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)	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)	4609 Pendleton Court Grand Prairie, Texas 75052				
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 22	Twp. T2S	Rge. R29E	Is gas actually connected?	When?	1-12-90

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						
Date Spudded	10-25-89	Date Compl. Ready to Prod.	1-9-90	Total Depth	7170'	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	4339 GL	Name of Producing Formation	Tule-Pennsylvanian	Top Oil/Gas Pay	6986 - 6990	Tubing Depth	6937.77'	
Perforations	6986 - 6990					Depth Casing Shoe	7166'	

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	300	300
11"	8-5/8"	2103	500lt., 200 Prem.
7-7/8"	5-1/2"	7166	250 "H"
5-1/2"	2-3/8"	6937.77	set in packer 6937.77'

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.)

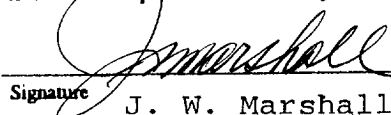
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
790	24 hours	-0-, dry gas	?, as -0-
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
flowing/positive ck.	1342	-0-/packer	16/64

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
Title Operator
Date 1-11-90 214-239-7284 Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 12 1990

By ORIGINAL SIGNED BY DISTRICT SUPERVISOR

Title

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.