Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT JII
1000 Rio Brizzos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator								Well API No.			
Mark D. Clarke											
Address	·										
c/o Oil Reports & (as Serv	rices	Inc	P C	Box 75	5 Hobbe	NIM QQ	241			
Reason(s) for Filing (Check proper box)	Jub Ber	1000,		•, ••		her (Please exp		241			
New Well		Change is	n Trans	porter of:			,				
Recompletion	Oil		Dry	. —	Effec	tive 7/1,	/90				
Change in Operator	Casinghe	.d Cor. [_ *	iensate	21100	0110 // 1/	, 50				
ourse of characters	Campie	Oas [_	Conc	entate							
If change of operator give name and address of previous operatorRu	ssell T	ramell	L, P	. O. Bo	х 755, H	obbs, NM	88241				
•											
IL DESCRIPTION OF WELL											
Lease Name	Well No.	Pool	Name, Inclu	ding Formation					ease No.		
Mesa Queen Unit	5	M	esa Que	en Assoc	iated	State	Federick Reex E-8160		160		
Location											
Unit Letter H	. 3	30	Feat	From The	East 16	na and 23'	10 1	Feet From The	North	Line	
<u> </u>	·	<u> </u>	1 ca	riom the _	<u></u> ப	** 4100		rect riom the	MOLCIL	Line	
Section 17 Townsh	in 169	3	Rans	e 32	E N	IMPM.	Lea			County	
	•			<u> </u>		4414 141,	Dea			Codity	
III. DESIGNATION OF TRAI	TT Q () Q ()	ነው ጥም ለ	A IT	ND NATI	IDAT CAS						
Name of Authorized Transporter of Oil	101 OKIE	or Conde		IND INATI		ue address to w	hick approve	d copy of this fo	rem is to be s	emt)	
•		0. 00000	uant.		Audices (O:	76 0000 ESS 10 W	nich approve	a copy of this jo	WIN IS IO DE SI	; /L)	
None - Well TA				ry Gas	4.2						
Name of Authorized Transporter of Casis	Address (Gi	Address (Give address to which approved copy of this form is to be sent)									
	•		<u>.</u>		<u> </u>						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge	ls gas actual	ly connected?	Whe	When ?			
<u> </u>			<u> </u>								
If this production is commingled with that	from any oth	er lease or	pool, p	zive commin	gling order num	ber:					
IV. COMPLETION DATA											
		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	i	i		i	i	i '	i		ĺ	
Date Spudded	Date Com	pl. Ready to	o Prod.		Total Depth	<u> </u>	1	P.B.T.D.			
	,,			•				F.B.1.D.			
Elevations (DF, RKB, RT, GR, etc.)	nducina E	tucing Formation			Top Oil/Gas Pay			Tubica Death			
ESEVAUCES (DF, KAB, KI, UK, 82.)	rooncrug r	OHINAK	7 0	l'op on on	,			Tubing Depth			
Perforations					J			David Caria	Depth Casing Shoe		
reliciones								Depui Casing	Shoe		
	·····								-		
TUBING, CASING ANI					CEMENTI	NG RECOR	D				
HOLE SIZE	SING & TU	JBING	SIZE		DEPTH SET			SACKS CEMENT			
											
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABLE	<u> </u>	<u> </u>						
OIL WELL (Test must be after)					t he equal to or	exceed top allo	owable for th	is depth or be fo	or full 24 how	rs.)	
Date First New Oil Run To Tank	Date of Ter		0, 1000			ethod (Flow, pu					
Determine the Constitution in the constitution	Date of Tes	N.			1 rounding in	cuica (1 104, pa	a, 40, 800 . 31,				
4 47-4	Tubing Pressure				Casina Dana			Choke Size			
Length of Test	SUR			Casing Pressure			Choke Size	Gas- MCF			
Actual Prod. During Test				Water - Bbis.	Water - Bbis.						
GAS WELL											
Actual Prod. Test - MCF/D	The archael	Page 1			Dhia Coadaa	solo A A A C E		Gravity of Co	ndencate		
ACUME FIOR TEST - MICHAE	Length of Test				Bbls. Condensate/MMCF			Cravity of Co	City of Coucount		
	761			0.5	Casing Pressure (Shut-in)			Choke Size			
esting Method (pitot, back pr.)	Tubing Pre	rente (2pm	-in)		Casing Press	ire (Shut-in)		Choke Size			
								<u> </u>			
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIA	NCE							
						DIL CON	ISERV	ATION [DIVISIO	N	
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.					n=4-	A					
	_				Date	Approve	u				
War we hall											
Signature					Bv	By					
Signature Donna Holler		Agen	t.		-, -				. '		
Printed Name			Title		T:41-						
8/10/90		505-3		777	II IIIe						
Date			phone !		11						
			•		11						

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-194 must be filed for each pool in multiply completed wells.