Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico gy, Minerals and Natural Resources Departm.

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I		O TRANS	SPORT OIL	AND NA	TURAL GA					
Operator D. 1	1 T - 4				Well A			PI No.		
Marks & Garner Produ	clean	Co.								
Address P O Box 70, Lovington,	NM 882	60-0070								
Reason(s) for Filing (Check proper box)				Oth	er (Please expla	in)				
New Well	Change in Transporter of:									
Recompletion	Oil Dry Gas Change effective 10-15-91									
Change in Operator X	Casinghead		ndensate			<u> </u>		77.4 (2)	• 1 • 0	
If change of operator give name and address of previous operator	<u>Petrol</u>	eum, In	c., 127-N	.W. Aven	ue A, An	drows,	Texas /	414 Br	age out	
II. DESCRIPTION OF WELL	AND LEA	SE						·		
Lease Name	ng Formation Kind o			[Lease No.						
Julia Culp		1 T	ownsend P	ermo-upp	er renn	Joune	1 2001111 01 1 00			
Location Unit Letter H	_:1650	Fe	et From The	North Line	e and3	30 Fe	et From The _	East	Line	
Section 34 Townshi	p 15S	Ra	nge 35E	, N	мРМ,	Lea			County	
III. DESIGNATION OF TRAN	SPORTER	OF OIL	AND NATH	RAL GAS						
Name of Authorized Transporter of Oil		or Condensate		Address (Giv	e address to wh	ich approved	copy of this fo	orm is to be se	nI)	
Koch Services, Inc.					P O Box 1558, Breckenridge, TX 76024					
Name of Authorized Transporter of Casinghead Gas or Dry Gas Warren Petroleum Co.					Address (Give address to which approved copy of this form is to be sent) P O Box 1589, Tulsa, OK 74102					
If well produces oil or liquids,	Unit Sec. Twp. Rge						*** **********************************			
give location of tanks.	<u>i </u>	34	15S 35E	Yes			12-11-75	5		
If this production is commingled with that	from any othe	r lease or poo	l, give commingl	ing 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)	1		j					<u> </u>	
Date Spudded	Date Compl	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
El Company (DE DER DE CE etc.)	Name of Pro	ducing Form	ation	Top Oil/Gas Pay			Tubing Dept	Tuking Depth		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			ation				Total Depar			
Perforations	1			L			Depth Casin	g Shoe		
TUBING, CASING AND					CARLO OF AFAIT					
HOLE SIZE	CAS	ING & TUBII	NG SIZE	DEPTH SET			SACKS CEMENT			
								.,		
							1			
V. TEST DATA AND REQUES OIL WELL (Test must be after t	ST FOR A	LLOWAB	LE	he sound to om	aread top allo	unhle for thi	s denth or he l	or full 24 hou	rs.)	
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Test		oad ou and musi	Producing Me	ethod (Flow, pu	mp, gas lift, e	esc.)	o, jan 11, 100		
Date of rest										
Length of Test	of Test Tubing Pressure			Casing Pressure			Choke Size			
	ļ			Water - Bbls.			Gas- MCF			
Actual Prod. During Test	tual Prod. During Test Oil - Bbls.				Walci - Dols.					
CACWELL				l			1			
GAS WELL Actual Prod. Test - MCF/D	Length of T	est		Bbls. Conden	sate/MMCF		Gravity of C	Condensate		
22000 2100 1000 110110		•								
Testing Method (pitot, back pr.)	hod (pitot, back pr.) Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
 				\						
VI. OPERATOR CERTIFIC				\parallel	OII CON	SERV	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				OIL CONSERVATION DIVISION						
is true and complete to the best of my				Date	Approved	4	,	一制引		
Ch All				Date	, , ippiove	<u></u>				
Juny Hoar	u-			_{Bv}	DSIGNAL	SIGNED B	Y JERRY S	EXTOM		
Mgnature James H. Garner Partner				By DRIGHAL SAGNED BY JERRY SEXTOM DISTRICT : SUPERVISOR						
Printed Name		Tit	tle	Title						
10-15-91	50	5-396-53		'"						
Date		Telepho	ne No.	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-104 must be filed for each pool in multiply completed wells.