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

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

State of New Mexico gy, Minerals and Natural Resources Departme

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 III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	7	O TRA	NSP	ORT OIL	L AND NA	TURAL G	AS				
Operator				Well API No.							
Marks & Garner Produc	ction Com	pany									
Address	22-		•								
P O Box 70, Lovington		60-007	U			(D)					
Reason(s) for Filing (Check proper box		Chamai	т		∐ Où	er (Please expl	ain)				
New Well		Change in '	•								
Recompletion \square	Oil		Dry Ga								
Change in Operator	Casinghead	Gas	Conder	sate							
If change of operator give name and address of previous operator											
•	:	00									
II. DESCRIPTION OF WELL			Th		taa Prassist		1 *** -	af 1 a		N	
Lease Name Well No. Pool Name, Includ								of Lease Lease No. V-836			
Kemnitz 17 State	· · · · · · · · · · · · · · · · · · ·					CTRCO State			ARARAKAA V-830		
Location Unit LetterH	: 1980	<u> </u>	Feet Fr	om The	North Lin	e and910) F	eet From The	East	Line	
Section 17 Towns	hip 16S		Range	34E	, N	МРМ,	Lea			County	
III DESIGNATION OF TRA	NEDODTE	OFO	T A St	D SIATEI	DAI CAS						
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil		or Condens		U NAIU		e address to w	hich anneaver	Conv of this	form is to he se	nt)	
_ ·		~Vuuens		لــا						,	
Navajo Refining Company Name of Authorized Transporter of Cas	P O Box 159, Artesia, NM 88211-0159 Address (Give address to which approved copy of this form is to be sent)										
Cono Co Inc	marione was		or Dry		11001000 (()1)	- mmd 500 10 W	cri appi oved	ر سان رن رنون	UE JE	·•	
					Is gas actually connected? When ?						
give location of tanks.	іні		165	34E			i				
f this production is commingled with the					ling 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 Completio	n - (X)	1	i		İ	<u> </u>	<u>i</u>	<u> </u>	L	1	
Date Spudded Date Compl. Ready to Prod.					Total Depth P.B.T.D.						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Dep	th		
					<u>L</u>						
Perforations								Depth Casir	g Shoe		
	T	JBING, O	CASI	NG AND	CEMENTI	NG RECOR	D				
HOLE SIZE						DEPTH SET		SACKS CEMENT			
V. TEST DATA AND REQUE	EST FOR A	LLOWA	BLE			-					
OIL WELL (Test must be after	recovery of low	ul volume o	f load o	oil and must	be equal to or	exceed top allo	wable for thi	s depth or be	for full 24 how	rs.)	
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
ength of Test Tubing Pressure					Casing Pressu	re		Choke Size			
Actual Prod. During Test	al Prod. During Test Oil - Bbls.							Gas- MCF			
-											
CARWELL					!			-4 			
GAS WELL	10-04-67				Dha Cart	coto (MACE		Gravity of C	ondensate		
Actual Prod. Test - MCF/D	Length of Te	દરુદ			Bbls. Conden	MUE/MINICE		Gravity of C	Onuclisate		
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casina Dane	m (Shut in)		Choke Size			
					Casing Pressure (Shut-in)			CHOICE SIZE			
					l			1			
VI. OPERATOR ÇERTIFIC	CATE OF (COMPL	JIAN	CE			ICEDV	ATION	טואופוט	M	
l hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above											
is true and complete to the best of my	knowledge and	belief.			Date	Approve	d	у		J 	
	() m					.L. L					
11111 111.16	Calm				D.,	, a					
Signature Debra M. Necaise Office Manager					By DRIGINAL MIGNED BY JERRY SEXTON						
Debra M. Necaise	01110					DIS	TRICT I SL	JPER VISOR	t .		
Printed Name			Title == 5 2 1	26	Title						
November 12, 1991		505-396 Teleph	5-53.								

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.

Cisco Zone es telon (### at 11050

Per marke + Armer 3/17/42

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NOV 13 1991

OS... HOBBS GARGE