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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRA	NSPORT O	IL AND N	ATURAL C	GAS	-			
Operator	D. 4						II API No.			
Marks and Garner	<u>u Co.</u>				30-025-05432					
Address										
P.O. Box 70, Lov Reason(s) for Filing (Check proper box	ington,	New Mex	cico 8826							
New Well	;)	<u> </u>	-	o	ther (Please exp	olain)				
Recompletion	Oil		Transporter of: Dry Gas							
Change in Operator	-	ad Gas 🔲								
If change of operator give name										
and address of previous operatorC	onsolida	ted Oil	<u>& Gas, I</u>	Inc., 41	<u>0 17th S</u>	treet,	Suite 23	00, Der	iver, CO	
II. DESCRIPTION OF WEL									80202	
Lease Name	D AND LIM		Pool Name, Inclu	ding Formation						
Southern Union State 1 Midway							of Lease Lease No. Federal or Fee E 8165 (Expire)			
Location		<u>. + </u>	III dway F	100	-		<i>y</i>	E 81	65 (Expire	
Unit Letter D	. 6	60 r	Feet From The _	North	. 66	Λ .				
	·		real riomi ine _	NOI LII	ne and66	<u> </u>	Feet From The	Wes	StLine	
Section 16 Towns	hip 17S		Range 37E	. N	IMPM. Le	а			Caman	
			-						County	
III. DESIGNATION OF TRA	NSPORTE	R OF OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil	XX	or Condensa	ie	Address (Gi	ve address to w	hich approve	d copy of this fo	rm is to be s	senti	
Texas New Mexico Pi	<u>lpeline</u>									
Name of Authorized Transporter of Cast		XX	r Dry Gas	Address (Gir	ne address 10 w	hich approve	copy of this form is to be sent) 73102			
GPM Gas Corporation If well produces oil or liquids,				210 W.	Park Ave	e. #250	O, Oklahoma City, OK			
give location of tanks.	Unit	•	wp. Rge.	Is gas actually connected? When			a ?			
If this pendaction is commingled with the	D I	16	17S 37E	yes	· · · · · · · · · · · · · · · · · · ·	1	0-09-62			
If this production is commingled with the IV. COMPLETION DATA	t from any oth	er lease or po	ol, give comming	ling order num	ber:					
THE COMPLETION DATA	·	louv.			·	-,				
Designate Type of Completion	1 - (X)	Oil Well	Gas Well	New Well	Workover	Despen	Plug Back	ame Res'v	Diff Res'v	
Date Spudded		i. Ready to Pr	nid.	Total Depth	L	<u> </u>	<u> </u>			
			-				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing Form	Matro	Top Oil/Gas Pay			-			
								Tubing Depth		
Perforations				<u> </u>			Depth Casing	Shoe		
TUBING, CASING				CEMENTI	NG RECOR	<u>D</u>		·		
HOLE SIZE	CAS	ING & TUBI	NG SIZE	DEPTH SET			SACKS CEMENT			
										
	 									
V. TEST DATA AND REQUE	CT FOR A	11011110								
OIL WELL Test must be after	31 FUK AI	FLOWAR	LE							
OIL WELL (Test must be after) Date First New Oil Run To Tank	Date of Test	al volume of L	oad oil and must	be equal to or	exceed top allo	wable for this	depth or be for	full 24 how	rs.)	
	Date of 188			Producing Method (Flow, pump, gast lift, etc.)						
Length of Test	Tubing Press			Carina Barrer			Ta			
	raping riess	erité		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls	Oil - Bbls			Water - Bble			Gas- MCF		
							Cas- NiCr			
GAS WELL				 						
Actual Prod. Test - MCF/D	Length of Te	net		50.						
	Langua de Test				MMCF		Gravity of Condensate			
esting Method (pilot, back pr.)	Tubing Press	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)					
• •								Choke Size		
VI. OPERATOR CERTIFIC	ATE OF	701.7							!	
I hereby certify that the rules and regul	AID OF (ANCE		III CON	SEDV.	TIONS			
LIVINGS have been complied with and	OIL CONSERVATION DIVISION									
If the and complete to the best of thy I	SEP 0 8 '92									
CONSOLIDATED DIL & GA	S, IXC.			Date	Approved	l				
- VWNU				, IMPBV EEV	TON	_				
Signature I W Docker D	By ORIGINAL SIGNED BY MERRY SEXTON									
Printed Name	resident				DIST	KIC 150	EK 413 04 -			
August 24, 1992	(30	tiu -893 (3)		Title_						
Date		Telephon						··		
		•	1	,						

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
- 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.