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

State of New Mexico Ene ___, 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

DISTRICT III

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWABLE AND AUTHORIZATION
I.	TO TRANSPORT OIL AND NATURAL GAS

Operator MARKS & GARNER PRODUCTION CO					Well API No.						
MAKKS & GAKNER	rkonn(TION	CO		37			125 26313			
Address		00015									
POB 70 LOVINGT	ON NM	88260				, ,			 		
Reason(s) for Filing (Check proper box)			_	∐ Oth	es (Please expla	2 <i>I</i> 7)	•				
New Well		~_	Transporter of:	1							
Recompletion	Oil		Dry Gas) }							
Change in Operator	Casinghea		Condensate	<u> </u>							
If change of operator give name and address of previous operator		0	GS by	contin	g Ce	Inc					
II. DESCRIPTION OF WELL	AND LEA			-		P:- 4	-(1	1	ease No.		
Lease Name MAHAFFEY BRYAN	Well No. Pool Name, included PEARL OF		-			of Lease Le NEMARIN or Fee NA					
Location	•					•					
Unit LetterN	: 330)	Feet From The	SOUTH Lim	and 1650) F	et From The	WEST	Line		
Section 13 Township	, 19-s		Range 35-E	E , NI	ирм,			LEA	County		
III. DESIGNATION OF TRAN	SPORTE	R OF OII	I. AND NAT	IIRAL GAS							
Name of Authorized Transporter of Oil	M	or Condens		Address (Giv	address to wh	ich approved	copy of this fo	orm is 10 be se	ni)		
NAVAHO REF. CO.	₽		L/		159 AR						
Name of Authorized Transporter of Casing	thead Gas		or Dry Gas	Address (Oin	e address to wh	ich approved	copy of this f	orm is to be se	nr)		
If well produces oil or liquids,	Unit			Rge. is gas actually connected? When			1?				
give location of tanks.			19-sl 35-								
If this production is commingled with that IV. COMPLETION DATA	from any oth	eriesse orp	ool, give commit	ngling order num							
Designate Type of Completion	- (Y)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded		i. Ready to	 Prod	Total Depth		l	P.B.T.D.	J			
Date Space	Date Comp	a. Ready to	102	10000			r.b.1.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil Gas	Top Oil/Gas Pay			Tubing Depth				
Perforations							Depth Casin	Depth Casing Shoe			
							'	_			
i	т	TIRING (CASING AN	D CEMENTI	NG RECOR	D	<u>'</u>				
HOLE SIZE		SING & TUI		1	DEPTH SET			SACKS CEMENT			
TIOLE OILE		<u> </u>	OIL OILL		<u> </u>						
							 				
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE				<u> </u>				
OIL WELL (Test must be after r.				isi be equal to or	exceed top allo	wable for the	s depih or be	for full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Tes		<u></u>		thod (Flow, pu						
Length of Test	Tubing Pressure			Casing Pressu	Casing Pressure			Choke Size			
								Gas- MCF			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.	Water - Bbis.			Gas- MCF			
							1				
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test			Bbis. Conden	Bbis. Condensate/MMCF			Gravity of Condensate			
!								Choke Size			
l'esting Method (pilot, back pr.)	Tubing Pressure (Shut-in)			Casing Press.	Casing Pressure (Shut-in)			Choke Size			
VI OPERATOR CERTIFIC	ATE OF	COMP	IANCE	-\f			_ 				
VI. OPERATOR CERTIFICATE OF COMPLIANCE			(OIL CONSERVATION DIVISION							
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.			Data	Date Approved							
			Daile	Applove	·						
Y with I Man lo					Open So						
Signature ERNEST L. MARKS-PARTNER			∥ RA	By Paul Kauts							
					Geologist						
Printed Name 8 - 4 - 9 3	505-	-396-5	• •	Title		<u>.</u>					
Date			hone No.								

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.