

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Petromark Resources Company		Well API No. 30-025-27812
Address 7030 South Yale #800 Tulsa, OK 74136		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.		

Lease Name Sam H. Snoddy Federal		Well No. 1	Pool Name, Including Formation Salt Lake R-9585	Kind of Lease State, Federal or Fee 10/1/91	Lease No. 15906
Location Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line Section 26 Township 20 S Range 32 E , NMPM, Lea County					

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian SCURLOCK PERMIAN CORP EFF 9-1-91		Address (Give address to which approved copy of this form is to be sent) PO Box 1183 Houston, TX 77251-1183	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Gas Co. of New Mexico		Address (Give address to which approved copy of this form is to be sent) 1800 First International Bldg, Dallas, TX 75270	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 26	Twp. 20 S
		Rge. 32 E	Is gas actually connected? No
			When? 7/91

If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 12/27/90	Date Compl. Ready to Prod. 1/4/91	Total Depth 13,480		P.B.T.D. 12,825					
Elevations (DF, RKB, RT, GR, etc.) 3555' GR	Name of Producing Formation Bone Springs	Top Oil/Gas Pay 10,538		Tubing Depth					
Perforations 10,538 - 550'		Depth Casing Shoe							
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
26 1/2"	20"	1206'		2210 SXS					
17 1/2"	13 3/8"	3043'		2825 SXS					
12 1/4"	9 5/8"	5200'		1575 SXS					
8 3/4"	5 1/2"	13,480'		1150 SXS					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank 1/4/91	Date of Test 1/10/91	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 200	Casing Pressure	Choke Size 12/64"
Actual Prod. During Test 103 Bbls	Oil - Bbls. 101	Water - Bbls. 2	Gas - MCF 78

GAS WELL	
Actual Prod. Test - MCF/D	Length of Test
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)
	Casing Pressure (Shut-in)
	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE	
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.	
Signature TERESA W. McBride	Title Prod Tech
Printed Name TERESA W. McBride	Telephone No. (918) 492-2648
Date 7/2/91	

OIL CONSERVATION DIVISION	
Date Approved JUL 03 1991	
By ORIGINAL SIGNATURE OF TERRY SEXTON	DISTRICT SUPERVISOR
Title	

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.

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