

P. O. BOX 2088

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DISTRIBUTION		
SANTA FE		
FILE		
U.S.O.B.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		
Operator		

Marks & Garner Production Company

Address

c/o Oil Reports & Gas Services, Inc., P. O. Box 763, Hobbs, New Mexico 88241

Reason(s) for filing (Check proper box)

Other (Please explain)

New Well ☐

Change in Transporter of:

### Recompletion

Ci

Dry Gas

Change in Ownership XX

### Casinghead Gas

Condensate

Effective 11/1/83

Formerly State Battery 4 #10

If change of ownership give name  
and address of previous owner \_\_\_\_\_

If change of ownership give name and address of previous owner Kaiser - Frances Oil Co., P. O. Box 53558, Tulsa, OK 74153

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Kaiser State	10	Wilson Yates Seven Rivers	State, Federal or Fee State	B-6807
Location				
Unit Letter <u>N</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>13</u> Township <u>21S</u> Range <u>34E</u> , NMPM, <u>Lea</u> County				

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Texas-New Mexico Pipe Line Co.					P. O. Box 2528, Hobbs, NM 88241	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
None						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	L	13	21S	34E		

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

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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 Depth		
Perforations							Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

OIL WELL			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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

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.

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Wonna Hatter

(Signature)

Agent

11/4/82

(Date)

APPROVED NOV 7 1983, 19

BY ORIGINAL SIGNED BY JERRY CRYTON  
DIRECT SUPERVISOR

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Form C-104 must be filled for each pool in multiple completed wells.

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NOV 4 1983

Q.A.D.  
HOBBS OFFICE