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

## State of New Mexico E rgy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

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 <b>.</b>	Ţ	OTRAN	ISPO	RT OIL	AND NA	TURAL GA						
Operator	r Production Company						Well /	API No.	i No.			
Marks & Garner P	roducti	on Comp	any	<del></del>								
P O Box 70, Lovi	ngton,	NM 8826	0					-				
Reason(s) for Filing (Check proper box)				_	Oth	er (Please expli	ain)					
New Well	Oil	Change in T	ransport Dry Gas	er of:	06-	-01-89						
Recompletion	Casinghéad		•	ate 🗍	•	-						
f change of operator give name					_							
and address of previous operator							· · · · · · · · · · · · · · · · · · ·					
II. DESCRIPTION OF WELL	AND LEA	SE		. I salu di			Vind.	of Lease	<u> </u>	ease No.		
Lease Name Kaiser State	Kaiser State 42 Wilson Yat						tes-Seven Rivers State,			<b>В-6807</b>		
Location Unit LetterJ	:231	0 F	eet From	m The	South Lin	231 e and	.0 Fe	et From The	East	Line		
Section 13 Township	21S		lange	34E_	, N	MPM, Le	ea			County		
III. DESIGNATION OF TRAN	SPORTER	OF OIL	AND	NATUI	RAL GAS							
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)											
Magnum Crude Oil Purchasing Inc.						P O Box 430, Hobbs, NM 88240						
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas Phillips Petroleum Company 66 Natl Gas						Address (Give address to which approved copy of this form is to be sent)  Rartlesville, OK 74003						
Phillips Petrolo  If well produces oil or liquids,	Is gas actually connected? When ?											
give location of tanks.	Unit	Ξ.	wp. 215	34E	Yes		<u>j</u> 6	-10-82				
f this production is commingled with that f V. COMPLETION DATA	from any othe	r lease or po	ol, give	commingl	ing order num	ber:						
Designate Type of Completion	- ( <b>Y</b> )	Oil Well	Ga	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compil. Ready to Prod.			Total Depth			P.B.T.D.	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Dep	Tubing Depth			
Perforations						Depth Casing Shoe						
•	TI	IRING C	ASIN	G AND	CEMENTI	NG RECOR	D	<u></u>				
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
**												
								<del> </del>				
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE									
OIL WELL (Test must be after re	ecovery of tol	al volume of	load oi	l and must	be equal to or	r exceed top allo	owable for thi	s depth or be j	for full 24 hou	rs.)		
Date First New Oil Run To Tank	First New Oil Run To Tank 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	<u> </u>	<u> </u>			l							
AS WELL ual Prod. Test - MCF/D Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate				
				Casing Pressure (Shut-in)			Choke Size					
esting Method (pitot, back pr.)  Tubing Pressure (Shut-in)					Casing Pless	sule (Silut-la)			<u> </u>			
VI. OPERATOR CERTIFIC	ATE OF	COMPL	JIAN	CE			NSERV.	ATION	DIVISIO	NC		
I hereby certify that the rules and regul Division have been complied with and	ations of the (	Dil Conserva	ition above			0.2 00.		JU		989		
is true and complete to the best of my	knowledge an	d belief.	20010		Date	e Approve	ed		·			
Wolna Mileani					Date ApprovedORIGINAL SIGNED BY JERRY SEXTON							
					By_			DISTRICT I				
Debra M. Necals					Tille	,	Section 18.					
Printed Name June 1, 1989	505	5-396-5			Title	<i></i>						
Date		i elep	hone No	J.	H							

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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