

P. O. BOX 2086

Form C-104
Revised 10-01-78
Form 1 06-01-83
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Operator _____

Marks & Garner Production Company

c/o Oil Reports & Gas Services, Inc., Box 755, Hobbs, NM 88241

Reason for change (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recombination	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain) _____

II. DESCRIPTION OF WELL AND LEASE

Lessee Name State "E"	Well No. 1	Pool Name, Including Formation Undesignated Yates	Kind of Lease State, Federal or Fee State	Lease No. B-9446
Location Unit Letter, B ; 660 Feet From The North Line and 1980 Feet From The East Line of Section 21 Township 21S Range 34E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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)	
Tesoro Crude Oil Company					8700 Tesoro Drive, San Antonio, Texas 78286	
Name of Authorized Transporter of Casingshead 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-FTSM						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	0	16	21S	34E		

If this production is commingled with that from any other lease or pool, give commingling order number: Case #193, Order #839

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

100-111111

(Signature)

Agent
(Title)

1/18/85
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____

BY _____ **HILL DEXTER**

TITLE CONFIDENTIAL

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 AULG 111.

All sections of this form must be filled out completely for allowance 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 Forms C-104 must be filed for each pool in multiply completed wells.