

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

Marks & Garner Production Co.

Address

c/o Oil Reports & Gas Services, Inc. Box 763, Hobbs, NM 88241

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name **Wilson State** Well No. **3** Pool Name, including Formation **Wilson Yates Serven Rivera** Kind of Lease **State, Federal or Fee** Lease No. **B-11610**
Location
Unit Letter **J** **1950** Feet From The **South** Line and **1520** Feet From The **East**
Line of Section **23** Township **21S** Range **34E** NMPM, **Lea** County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company **Bartlesville, Oklahoma 74004**
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When
yes **8/10/83**

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 Resrv. Diff. Resrv.
XX **XX** **XX**
Date Spudded **10/18/55** Date Compl. Ready to Prod. **1/6/83** Total Depth **3762** P.B.T.D. **3570**
Elevations (OF, RAB, RT, GR, etc.) **3656 DF** Name of Producing Formation **Yates** Top Oil/Gas Pay **3452** Tubing Depth **3395**
Perforations **3452-3562** Depth Casing Shoe **3605**

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
16	13	173	150
8	7	3605	200
	2 3/8	3395	

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 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
75 **24hrs** **None**
Testing Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size
Sales Meter **800#** **Pkr** **Open**

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.

William H. Allen
(Signature)
Agent
(Title)
8/11/83
(Date)

OIL CONSERVATION DIVISION

APPROVED **AUG 15 1983**, 19BY **ORIGINAL SIGNED BY JERRY SEXTON**
TITLE **DISTRICT SUPERVISOR**

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 Forms C-104 must be filed for each pool in multiply completed wells.

RECEIVED
AUG 1 1983
O.C.D.
HOBBS OFFICE

100-111111-100
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 10-11-2001 BY 100-111111-100

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