

OIL CONSERVATION DIVISION
P. O. BOX 2049
SANTA FE, NEW MEXICO 87501

TO: BY: (Type name)	
DATE RECEIVED	
FILE	
U.S.G.B.	
LAND OFFICE	
TRANSPORTER	☐ OIL ☐ GAS
OPERATOR	
REGISTRATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Marks & Garner Production Co.

Address

c/o Oil Reports & Gas Services, Inc. Box 762, Hobbs, NM 88241

Reason(s) for filing (Check proper box)

New well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (please explain)

Shut in gas well. Well designation
changed from State Battery 7 #43 to
Wilson State #3If change of ownership give name
and address of previous owner

Coquina Oil Corporation P. O. Drawer 2260, Midland, TX 79702

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Wilson State	3	Wilson Yates Seven Rivers	State, Federal or Fee State	B-11610
Location				
Unit Letter	J	1950 Feet From The	South Line and	1520 Feet From The
Line of Section	23	Township	21S	Range
			34E	N.M.P.M.
			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)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

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'ty.	Diff. Res'ty.
Date Started	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

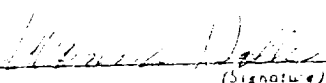
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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-Bole.	water-Bole.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bole. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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)

Agent

(Title)

2/7/83

(Date)

OIL CONSERVATION DIVISION

FEB 8 1983

APPROVED _____, 19

BY: ORIGINAL SIGNED BY JERRY BENNETT,
DISTRICT I 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 1111.All sections of this form must be filled out completely for allow-
able, except and recompleted wells.Fill in 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 O-104 must be filed for each pool in multiple
completion wells.

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FEB 7 1983
COMM. OFFICE

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