

OIL CONSERVATION DIVISION

P. O. BOX 2064

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF OPERATING WELLS	
DATE OF REGISTRATION	
LAND OFFICE	
TRANSPORTER	☐ OIL ☐ GAS
OPERATION	
REGISTRATION OFFICE	

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
☐ Recombination
☒ Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

Inactive salt water disposal well.

Well N. changed from #21 to #2

If change of ownership give name

and address of previous owner Coquina Oil Corporation, P. O. Drawer 2060, Midland, TX 79702

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No. Pool Name, Including Formation	Kind of Lease	Lease No.
Wilson State	2 Wilson Yates Seven Rivers	State, Federal or Fee State	B-11610
Location			
Unit Letter	J	2310 Feet From The	South Line and 2310 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)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Trap	Height	Is it 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 hole, full hole	Full hole
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (D.F., R.A.B., R.T., C.R., 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
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 Tank	Date of Test	Producing Method (piston, 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/MCF	Gravity of Condensate
Testing Method (piston, back prod.)	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__

ORIGINAL SIGNED BY JERRY SEXTON

BY _____ DISTRICT 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 filed for each pool in multiple completion wells.

RECEIVED
FEB 7 1983
O.C.D.
HOBBS OFFICE