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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•						TUDALC					
TO TRANSPORT OIL Operator						TUNAL G		API No.			
Marks & Garner I	Producti	on Cor	nnani	.,			17011	11110.			
Address	Loducti	OII COI	npan.	у		· 		 			
P O Box 70, Lovi	naton	NM 881	260								
Reason(s) for Filing (Check proper box)	ing con,	MII 002	200		Oth	er (Please expl	lain)			 	
New Well	(Change in	Transoc	orter of:		or () reade cap					
Recompletion	Oil		Dry Ga		06-	-01-89					
Change in Operator	Casinghead		Conder	_							
f change of operator give name											
and address of previous operator						· · · · · · · · · · · · · · · · · · ·					
U. DESCRIPTION OF WELL.	AND LEA	SE									
Lease Name	Well No. Pool Name, Includ							nd of Lease No.			
Shell State	State 4 Wilson Ya			son Yat	es- Seven Rivers State,			FKKKKK B-1399			
Location											
Unit LetterM	: 660		Feet Fr	rom The	South Lin	e and <u>587</u>	Fe	et From The	West	Line	
Section 7 Township	21S		Range	35E	, N	мрм,	Lea			County	
III. DESIGNATION OF TRAN	SPADTED	S OE OI	I. AN	D NATTI	RAI CAS						
Name of Authorized Transporter of Oil		or Condens		U NATU		e address to w	hich approved	copy of this fo	orm is to be si	ent)	
· [AA]					Address (Give address to which approved copy of this form is to be sent) P O Box 430, Hobbs, NM 88240						
Magnum Crude Oil Purchasing Inc. Name of Authorized Transporter of Casinghead Gas or Dry Gas						e address to w			orm is to be se	ent)	
The state of the s	,	<u></u>	,		(011	300 10 17			50 50	•	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected?				When	hen ?					
f this production is commingled with that i	+	r lease or n			·	her:					
V. COMPLETION DATA		Oil Well		Gas Well		Workover	Danses	Dhua Dook	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	l on wen	- i `	Oas Well	New Well	WOLKOVE	Deepen	Flug Dack	Same res v		
Date Spudded	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			
Performing					<u> </u>			Depth Casing Shoe			
Perforations								Deput Casin	g snoe		
	77	IDDIC	CACI	NC AND	CEMENT	NC DECOR		<u> </u>			
1101 F 017F	TUBING, CASING AND				DEPTH SET				SACKS CEM	ENT	
HOLE SIZE	UAS	CASING & TUBING SIZE				DEFINSE			SASIO SEMERI		
				 				<u> </u>			
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE								
OIL WELL (Test must be after re				oil and musi	be equal to or	exceed top all	owable for thi	depih or be f	for full 24 hou	ers.)	
Date First New Oil Run To Tank	Date of Test		-		·	ethod (Flow, pr					
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF				
		<u> </u>						<u></u>			
GAS WELL											
Actual Prod. Test - MCF/D	Length of To	est			Bbls. Conder	sate/MMCF		Gravity of C	ondensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	СОМР	IIAN	JCF	1						
				ICL	(OIL CON	NSERV	ATION I	DIVISIO	ON	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					JUN 1 1989						
is true and complete to the best of my k					Date	Approve	ed .				
() () () .									AN CENT	N	
Lebra Milleanse					D.	ORIG	SINAL SIGI	HED BY JER	いちしゅ	,. .	
Signature Debra M. Necaise Office Mgr.					py -	By DISTRICT I SUPERVISOR					
Debra M. Necaise										**	
Printed Name June 1, 1989	505-3	396-53	26		Title						
Date			ohone N	∜ o.							

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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