Submit 5 Copies
Appropriate District Office
DISTRICT I
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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Marks & Carper	Droduct	tion C	Ompa:	7.17			vveii .	AIT NO.			
Marks & Garner	rroauct	LION C	ompai	цу	=						
P O Box 70, Lov	ington,	<u>, nm</u> 8	8260								
eason(s) for Filing (Check proper box)					Oth	er (Please exp	lain)				
ew Well				porter of:							
ecompletion \Box	Oil XX Dry Gas Casinghéad Gas Condensate				06-01-89						
hange in Operator											
change of operator give name d address of previous operator											
. DESCRIPTION OF WELL	AND LE	ASE									
ease Name		Well No. Pool Name, Includ						Kind of Lease No.			
Shell State		7	Wi.	lson Ya	tes-Sever	Rivers	State,	State, Rederal pryfice		.399	
ocation					_		_		_		
Unit LetterF	_:	980	_ Feet	From The _	North Lin	e and	/- F	et From The	lest	Line	
Section 7 Townshi	p. 2	21S	Rang	_е 35Е	, N	мрм,	Lea			County	
I. DESIGNATION OF TRAN	SPARTE	TR OF (OH. A	ND NATI	IIDAL GAS						
arme of Authorized Transporter of Oil	[XX]	or Cond				e address to w	hich approved	copy of this for	n is to be se	ent)	
Magnum Crude Oi	nasing	Inc	•	P O Box	P O Box 430, Hobbs, NM 88240						
lame of Authorized Transporter of Casing				ry Gas				l copy of this for	n is to be se	ent)	
well produces oil or liquids, ve location of tanks.	Unit					When	When ?				
	IK	<u> </u>	215				<u> </u>			 	
this production is commingled with that /. COMPLETION DATA	irom any ou	ner lease o	r pool, g	give commin	gling order num		·				
. COM EDITOR DATA		Oil We	:11	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion	- (X)	1	ï							i	
ate Spudded	Date Com	ipl. Ready	to Prod.		Total Depth	•		P.B.T.D.			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Top Oil/Gas Pay			This Dark		
evalions (Dr, KKB, KI, GK, etc.)				Juli Juli				Tubing Depth			
erforations								Depth Casing Shoe			
								ļ			
		TUBING	i, CAS	ING ANI	CEMENTI	NG RECO	RD				
HOLE SIZE	CASING & TUBING SIZE				<u> </u>	DEPTH SET			SACKS CEMENT		
••	ļ							ļ			
	 							 			
	 										
. TEST DATA AND REQUES	ST FOR	ALLOV	ARL	E.							
IL WELL (Test must be after r					st be equal to or	exceed top al	lowable for th	is depth or be for	full 24 hou	rs.)	
Pate First New Oil Run To Tank	Date of To					ethod (Flow, p					
									Totale Since		
ength of Test	Tubing Pressure				Casing Pressure			Choke Size			
					Water - Bbis.			Gas- MCF			
ctual Prod. During Test Oil - Bbls.					Water - Dois	Water - Dots.					
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conder	sate/MMCF		Gravity of Condensate			
								Choke Size			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	Casing Pressure (Shut-in)					
								1			
I. OPERATOR CERTIFIC	ATE O	F COM	PLIA	NCE			NOEDV	ATIONED	וואפור	M	
I hereby certify that the rules and regul							NOENV	ATION D JUN	14149	89	
Division have been complied with and is true and complete to the best of my			iven abo	ove	3 1			JUN	1 10	-	
is true and complete to the best of my	mowscake :	maru UCIICI.			Date	Approve					
Welling Millonger							OBIGH	NAL SIGNED	BY JERR	Y SEXTON	
Signature					∥ By_		OKIGII	DISTRICT IS	UPERVIS	OR.	
Debra M. Necais	е	Offi	ce M							•	
Printed Name June 1, 1989	50	05-396	Title -532	6	Title						
Date			elephone		II .						

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.

RECEIVED

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MAY 31 1989

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