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	SANTA FE	REQUEST FOR ALLOWABLE		Form C-104 Supersedes Old C-104 and C-111
	FILE		AND	Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL (	245
	LAND OFFICE			
	TRANSPORTER OIL GAS			
I.	OPERATOR PRORATION OFFICE			
	Operator Mark Production Company			
	Address			
	1108 Simons Building, Dallas, Texas 75201			
	Reason(s) for filing (Check proper box) Other (Please explain)   New Well XX Change in Transporter of:			
	Recompletion	Change in Transporter of: Oil Dry G		
	Change in Ownership	Oil Dry G Casinghead Gas Conde		
	If change of ownership give name and address of previous owner			· · ·
Ħ	DESCRIPTION OF WELL AND	LEACE		
	Lease Name	Well No. Pool Name, Including F	Formation Kind of Lease	Lease No.
	Conoco-Federal	1 D-K Abo	State, Federa	l or Fee Federal NM-079540
		.980 Feet From The south Li	ne and <u>1980</u> Feet From 1	<sub>The</sub> east
	Line of Section 30 T	ownship 20 south Range	39 east , NMPM,	Lea County
II.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA		
	Name of Authorized Transporter of O The Permian Corpora		Address (Give address to which approv	
	Name of Authorized Transporter of Casinghead Gas XX or Dry Gas		Box 3119, Midland, Texas Address (Give address to which approved copy of this form is to be sent)	
	Skelly Oil Company		Box 1650, Tulsa, Oklahoma	
	If well produces oil or liquids, give location of tarks.	Unit Sec. Twp. P.ge. "J" 30 20-5 39-1	Is gas actually connected? Whe	
		ith that from any other lease or pool,		
v.	COMPLETION DATÀ	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty, Diff. Resty,
	Designate Type of Complet		X i	Plug buck Same Resiv. Diff. Hesiv.
	Date Spudded	Date Compl. Ready to Prod.	Total Pepth	P.B.T.D.
	7-14-70 Elevations (DF, RKB, RT, GR, etc.)	8-13-70 Name of Producing Formation	7470 •   Top O!!/Gas Pay	Tubing Depth
	3560 GR	Abo	6952	6887
	Perforations 6968' to 7359' - 18 holes		-	Depth Casing Shoe 7470
	TUBING, CASING, AND CEMENTING RECORD		1	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	12-3/4"	8-5/8"	1667 '	730
	7-7/8"	4-1/2"	7470'	390
		2-3/8"	6871'	
$\mathbf{v}^{+}$	TEST DATA AND REQUEST F	OP ALLOWABLE (Test must be a	fter recovery of total volume of load oil o	
•••	DIL WELL able for this depth or be for full 24 hours)			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	t, etc.)
	8-13-70	8-14-70	Flowing	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size 14/64"
	24 hours Actual Prod. During Test	500 psi	(Racker) 0 Water Bbis.	I4/04 Gas-MCF
	216 bb1s	198.72 bbls	17.28 bbls (acid wtr)	GOR 1087-1 (Gravity
			ut	35.3)
ſ	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Kender Fridt. Teste Mery D		SDIS. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
ן יו.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED	Kunsan
	Above to the only complete to the best of my knowledge and beller.		BY OTTO W. Jourgarie	
	1 1 1		TITLE	
	Agent thanks		This form is to be filed in compliance with RULE 1104.	
-	(Signature)		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	
-	Assistant Secretary		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for ellow- able on new and recompleted wells.	
	(Title)			
-	<u>10-2-70</u> (Date)		Fill out only Sections I, II,	III, and VI for changes of owner- er, or other such change of condition.
	(D			be filed for each pool in multiply
			completed wells.	