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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator **Mark Production Company**

Address **1108 Simons Building, Dallas, Texas 75201**

Reason(s) for filing (Check proper box)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Other (Please explain) THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED FOR THE POOL YOU DO NOT CONCUR NOTIFY THIS OFFICE.
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	
	Dry Gas <input type="checkbox"/>	
	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Conoco-Federal	Well No. 1	Pool Name, including Formation D-K Abo R-4041	Kind of Lease State, Federal or Fee Federal	Lease No. NM-079540
Location Unit Letter "J" ; 1980 Feet From The south Line and 1980 Feet From The east Line of Section 30 Township 20 south Range 39 east , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 "J"	Sec. 30	Twp. 20-S	Rge. 39-E	Is gas actually connected? No - Connecting gas sales line	When

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7-14-70	Date Compl. Ready to Prod. 8-13-70	Total Depth 7470	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 3560 GR	Name of Producing Formation Abo	Top Oil/Gas Pay 6952	Tubing Depth 6887					
Perforations 6968' to 7359' - 18 holes			Depth Casing Shoe 7470					
TUBING, CASING, AND CEMENTING RECORD								
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'					

V. 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 Tanks 8-13-70	Date of Test 8-14-70	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 500 psi	Casing Pressure (Packer) 0	Choke Size 14/64"
Actual Prod. During Test 216 bbls	Oil-Bbls. 198.72 bbls	Water-Bbls. 17.28 bbls (acid wtr)	GOR 1087-1 (Gravity 35.3)

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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.


(Signature)

Assistant Secretary

(Title)

8-21-70

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY 

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 Forms C-104 must be filed for each pool in multiply completed wells.

