

STATE	
FED. REG.	
REG. NO.	
REG. OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTORIZATION 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
330 Citizens Bank Bldg., Tyler, Texas 75701
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name: Wilshire-Federal Well No.: 1 Pool Name, Including Formation: D-K Abo Kind of Lease: State, Federal or Fee: Federal Lease No.: NM-0634-C
Location
Unit Letter: P ; 660 Feet From The: South Line and 660 Feet From The: East
Line of Section: 30 Township: 20S Range: 39E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Navajo Crude Oil Purchasing Company Address (Give address to which approved copy of this form is to be sent)
Drawer 175, Artesia, New Mexico 83210
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Skelly Oil Company Address (Give address to which approved copy of this form is to be sent)
Box 1650, Tulsa, Oklahoma
If well produces oil or liquids, give location of tanks. Unit: P Sec: 30 Twp: 20S Rge: 39E Is gas actually connected? Yes 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 Gas Well New Well Workover Deepen Plug Back Same Resrv. Diff. Resrv.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, RT, CR, 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

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 Date of Test Producing Method (Flow, 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/MMCF Gravity of Condensate
Testing Method (pilot, 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.
Assistant Secretary
December 12, 1974
OIL CONSERVATION COMMISSION
APPROVED 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 change 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.

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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 75001
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name Wilshire-Federal Well No. 1 Pool Name, including Formation -Kabo Kind of Lease State, Federal or Fee Federal Lease No. 11-0634
Location
Unit Letter T Feet From The 660 south Line and 000 Feet From The east
Line of Section 30 Township 20-South Range 30-East, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil or Condensate The Permian Corporation Address (Give address to which approved copy of this form is to be sent) Box 310, Midland, Texas
Name of Authorized Transporter of Casinghead Gas or Dry Gas Skelly Oil Company Address (Give address to which approved copy of this form is to be sent) Box 1050, Tulsa, Oklahoma
If well produces oil or liquids, give location of tanks. Unit "P" Sec. 30 Twp. 20-S Rge. 30-E Is gas actually connected? Yes 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 X Gas Well New Well X Workover Deepen Plug Back Same Res'v. Diff. Res'v.
Date Spudded 9-16-70 Date Compl. Ready to Prod. 10-30-70 Total Depth 7439' P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) 3537 GR Name of Producing Formation Abo Top Oil/Gas Pay 6947' Tubing Depth 6841'
Perforations 6947' - 7395' - 24 holes Depth Casing Shoe 7395'
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
12-1/4" 8-5/8" 1600' 730
7-7/8" 5-1/2" 7401' 390
2-3/8" 6841'

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 10-27-70 Date of Test 10-30-70 Producing Method (Flow, pump, gas lift, etc.) Pumping
Length of Test 24 hours Tubing Pressure Pumping Casing Pressure Packer Choke Size Pumping
Actual Prod. During Test 54 bbls Oil-Bbls. 42 bbls Water-Bbls. 12 bbls Gas-MCF GOR 116-1 (Gravity 35°)

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.
Layout Harrison (Signature)
Assistant Secretary (Title)
11-30-70 (Date)
OIL CONSERVATION COMMISSION
APPROVED NOV 30 1970, 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.
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RECEIVED
APR 30 1970
OIL CONSERVATION COMM.
HOES, N. M.