CUMBERVATION COMMISSION SANTA FE Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE Effective 1-1-65 FILE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AND OFFICE OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Mark Production Company Address 330 Citizens Bank Bldg., Tyler, Texas 75701 Other (Please explain) Reason(s) for filing (Check proper box) Change in Transporter of: New Well Dry Gas Recompletion Casinghead Gas Condensate Change in Ownership If change of ownership give name and address of previous owner ___ II. DESCRIPTION OF WELL AND LEASE | Well No. | Pool Name, Including Formation Kind of Lease Federal State, Federal or Fee NM-0634-C 3 D-K Abo Wilshire-Federal 990 Feet From The South Line and East 1980 Feet From The Unit Letter 20S Range 39E , NMPM, 30 Township Line of Section EFFECTIVE JANUARY 31, 1977, SKELLY OIL COMPANY MERGED III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Box 1183, Houston, Texas 77001 Name of Authorized Transporter of Oil The Permian Corporation Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Box 1650, Tulsa, Oklahoma Skelly Oil Company Is gas actually connected? Twp. P.ge. Unit Sec. If well produces oil or liquids, P 30 20S : 39E Yes give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Resty. Diff. Resty. Workover Oil Well Gas Well New Well Deepen Plug Back Designate Type of Completion - (X) P.B.T.D. Date Compl. Ready to Prod. Total Depth Date Spudded Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD

SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks Choke Size Casing Pressure Length of Test Tubing Pressure Gas - MCF Water - Bble. Actual Prod. During Test Otl - Bbla.

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

TITLE .

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.

| Marioni Lots | |
|---------------------------------|--|
| (Signature) Production Clerk | |
| (Title) | |

(Date)

January 22, 1975

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OIL CONSERVATION COMMISSION

| APPROVED | | 19 |
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| BY | i | |

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.

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