11					
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DISTRIBUTIO					
SANTA FE					
FILE					
U.S.G.S.					
TRANSPORTER	OIL				
	GAS				
OPERATOR					
PRORATION OFFICE					
	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OPERATOR	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR		

1.	DISTRIBUTION SANTA FE FILE	NEW MEXICO OIL CO	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65			
	U.S.G.S. LAND OFFICE TRANSPORTER GAS	AUTHORIZATION TO TRA	AND NSPORT OIL AND NATURAL (GAS		
1.	OPERATOR PROPATION OFFICE					
	Operator Mark Production	Compa ny				
	Address	ding, Dallas, Texas 7520	1			
	Reason(s) for filing (Check proper box)		Other (Please explain)			
	New Well	Change in Transporter of:				
	Recompletion	Oil Dry Gas Casinghead Gas Conden	≒			
	Change in Ownership	Casingheda Gas Conden	sale L			
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	ormation Kind of Leas			
	Wilshire-Federal	3 D-K Abo	State, Feder	d or Fee Federal MM-0634-C		
		O Feet From The South Line	e and 990 Feet From	The East		
				Lea County		
	Line of Section 30 Tow	mship 20 South Range 39	East , NMPM,	nea county		
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA or Condensate	S Address (Give address to which appro	oved copy of this form is to be sent)		
	The Termian Corporati	on	Box 1183, Houston, T			
	Name of Authorized Transporter of Cas	inghead Gas 🗶 💮 or Dry Gas 🦳	Address (Give address to which approved copy of this form is to be sent)			
	Skelly Oil Company If well produces oil or liquids,	Unit Sec. Twp. Rge.	Box 1650, Tulsa, Oklahoma Is gas actually connected? When			
	give location of tanks.	P 30 20S 39E	Yes			
	If this production is commingled wit COMPLETION DATA	that from any other lease or pool,	give commingling order number:	· · · · · · · · · · · · · · · · · · ·		
14.	Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Date Spudded	Date Compl. Ready to Prod.	X Total Depth	P.B.T.D.		
	11-27-71	12-22-71	7410'			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth 6942		
	3545.5 GL Perforations	Abo	6962	Depth Casing Shoe		
	7003' - 7360' 24 hol			••		
		TUBING, CASING, AND	DEPTH SET	SACKS CEMENT		
	HOLE SIZE	8-5/8"	1670'	500 sacks - circ		
	7-7/8"	4-1/2"	7410'	390 sacks		
		2-3/8"	6942			
V.	TEST DATA AND REQUEST FOOLL WELL	OR ALLOWABLE (Test must be a able for this de	pth or be for full 24 hours)	l and must be equal to or exceed top allow		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)			
	12-22-71 Length of Test	12-27-71 Tubing Pressure	Flowing Casing Pressure	Choke Size		
	24 hrs	225 psi	Packer	16/64"		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF 111 Mcf		
	103 bbls	95 bb1s	8 bbls acid water	III PROI		
	GAS WELL		Tayl 6 1	Gravity of Condensate		
	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.	VI. CERTIFICATE OF COMPLIANCE		OIL CONSERV	ATION COMMISSION		
	I hereby certify that the rules and	regulations of the Oil Conservation with and that the information given	APPROVED)	, 19		
	above is true and complete to the	with and that the information given best of my knowledge and belief.	By Geol	orist /		
			TITLE			
	11/1/) /		n compliance with RULE 1104.		

VI.

above is true	and complete	to the be	st of my	knowledge	and be
0	a ,				
		1	/		
Dayl	ow j	(Signatury	of and		
0	As	sistant	Secre	tary	
		(Title)		•	

January 3, 1972

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.

GINGRAD

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