

DATE RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
DEPT.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASOperator  
Marks & Garner Production CompanyAddress  
c/o Oil Reports & Gas Services, Inc., P. O. Box 763, Hobbs, NM 88241

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
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"/>

Other (Please explain)

CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 5/1/84  
UNLESS AN EXCEPTION TO R-4070  
IS OBTAINED.If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
San Simon	1	Wilson Yates-Seven Rivers	State, Federal or Fee State	B-1167
Location				
Unit Letter	H	1325 Feet From The North Line and 650 Feet From The East		
Line of Section	13	Township 21S	Range 34E	NMPM, Lea County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Refining Company	P. O. Box 159, Artesia, NM 88240					
Name of Authorized Transporter of Casinghead Gas <input 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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	H	13	21S	34E	No	

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

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	XX		XX					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
12/20/83	2/5/84	3775						
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3668	Yates-Seven Rivers	3680	3600					
Perforations	Depth Casing Shoe							
Open Hole 3638 - 3775	3638							

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2	9 5/8	402	167
7 7/8	5 1/2	3638	333
	2 7/8	3600	

TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL

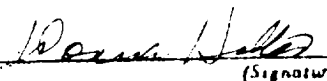
(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
2/5/84	2/6/84	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hours	20#	20#	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	50	150	5

## GAS WELL

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

## CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation  
Division have been complied with and that the information given  
above is true and complete to the best of my knowledge and belief.  
(Signature)Agent  
(Title)2/17/84  
(Date)OIL CONSERVATION DIVISION  
MAR 20 1984

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_ ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

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 allow-  
able 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 Form C-104 must be filed for each pool in multiple  
completed wells.

12-21-84

12-21-84

RECEIVED

FEB 20 1984

O.C.D.  
NOBIS OFFICE