Distribution New MEXICO OIL CONSERVATION COMMISSION Effective (det) Internation Internation Internation Internation Internation Internation Internation Internation <th>NO. OF COPIES RECEIVED</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>Form C-103 Supersedes Old C-102 and C-10</th> <th></th>	NO. OF COPIES RECEIVED						Form C-103 Supersedes Old C-102 and C-10	
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	OIL		THER-				8. Farm or Lease	Name
3. Address of Operator 1 14. Location of Well Dallas, Texas 75201 1 14. Location of Well 10. Field and Pool, or Wildow Drinkard 14. Location of Well 10. Field and Pool, or Wildow Drinkard 14. Location of Well 10. Field and Pool, or Wildow Drinkard 14. Location of Well 10. Field and Pool, or Wildow Drinkard 14. Location of Well 13. Location of Well Drinkard 15. Eleventic (Show whether DF, RT, GR, etc.) 12. Samutr 12. Samutr 16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data Sussequent REPORT OF: Attract Report OF: 11. Notice of INTENTION TO: Sussequent REPORT OF: Attract Report or Other Data Sussequent report or Report or Report or Other Data Sussequent report or Report or Other Data Sussequent report or Report or Report or Other Data Sussequent report or Report	2. Name of Operator Mark Pro	duction Comp	any					eyalty
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SIGNER WHO CAULY TITLE Supervisor DISTRICT DATE 6-19-1	OTHER 17. Describe Proposed of work) SEE RULE 1	103.	ions (Clearly state all p	Dertinent detail	OTHER		estimated date of .	starting any propo
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ł	FILE		AND	Effective 1-1-65
	U.S.G.S.		SPORT OIL AND NATURAL GAS	
	LAND OFFICE		tin a la t	
	TRANSPORTER GAS			
	OPERATOR			
1.	PRORATION OFFICE	•		
	Operator			
	Mark Production Con	npany		<u> </u>
		Building, Dallas, Texas	75201	
	Reason(s) for filing (Check proper box)	Juitaing, Darias,	Uther (Please explain)	f Operator only from
	New Well	Change in Transporter of:	Ray Smith Drillin	g Company, effective
	Recompletion	Oil Dry Gas Casinghead Gas Condens	Tonuo mar 1 1068	
	Change In Ownership			
	If change of ownership give name and address of previous owner	Change in operating r	name only (same ownersh	ip)
	and address of previous owner		·	
П.	DESCRIPTION OF WELL AND L	EASE Well No. Pool Name, Including For	rmation Kind of Lease	Lease No.
	Lease Name Sunshine Royalty Co.		- Enderal or	Fee Fee
	Location			
	Unit Letter E ; 1,98	0 Feet From The N Line	and 660 Feet From The	W
		225		County
	Line of Section 17 Town	nship 22S Range 3	<u>38Е , NMPM, Lea</u>	
ш	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	5	Cillin form in the her conti
	Name of Authorized Transporter of Oil	X or Condensate	Address (Give underss to which approved	4
	The Permian Corpor	ation	P. O. Box 3119, Midla Address (Give address to which approved	copy of this form is to be sent)
	Name of Authorized Transporter of Cast Warren Petroleum C		P. O. Box 1589, Tulsa	1
		Unit Sec. Twp. Rge.	Is gas actually connected? When	
	give location of tanks.	E 17 22 38	Yes	3/5/64
	If this production is commingled with	h that from any other lease or pool, g	give commingling order number:	
IV	COMPLETION DATA	Oil Well Gas Well	New Well Workcver Deepen F	lug Back Same Res'v. Diff. Res'v.
	Designate Type of Completion	n - (X)		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
		Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Elevations (DF, RKB, RT, GR, etc.)			
	Perforations		[Depth Casing Shoe
			CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	HOLE SIZE			
				· · · · · · · · · · · · · · · · · · ·
		DRAILOWARIE (Test must be a)	fter recovery of total volume of load oil and	i must be equal to or exceed top allow-
¥	. TEST DATA AND REQUEST FO	able for this de	pth or be for full 24 hours)	
	Date First New Oil Bun To Tanks	Date of Test	Producing Method (Flow, pump, gas lift,	ere.)
		Tubing Pressure	Casing Pressure	Choke Size
	Length of Test			
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas - MCF
	CAS WELL		•	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
			Casing Pressure (Shut-in)	Choke Size
	Testing Method (pitct, back pr.)	Tubing Pressure (Shut-in)	Casing Pressuls (Since 1)	
	I. CERTIFICATE OF COMPLIAN	CF	OIL CONSERVAT	ION COMMISSION
V	I. CERTIFICATE OF COMPLIAN			. 19
	I hereby cartify that the rules and	regulations of the Oil Conservation	APPROVED	
		with and that the information given e best of my knowledge and belief.		the f
	- · ·	·		·*
	· ,)	1. pr	This form is to be filed in co	mpliance with RULE 1104.
	Aur Main	Gellin		use for a newly drilled or deepened
	(Sigr	natyre)	well, this form must be accompany	ance with RULE 111.
	Nell M. Heflin, Ass		All sections of this form must	t be filled out completely for allow-
	•	ille)	able on new and recompleted wel Fill out only Sections I, II,	tit and VI for changes of owner,
	January 10, 1968	late)	well name or number, or transporte	h of other aden entrings of the
			Separate Forms C-104 must completed wells.	be filed for each pool in multiply

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NO. OF COPIES RECEIVED			
DISTRIBUTION		ONSERVATION COMMISSION	Form C-104
SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-11
FiLC	_	AND -	Effective 1-1-65
LAND OFFICE	_ AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL G.	AS
OIL	<u> </u>		
TRANSPORTER GAS			
OPERATOR	_		
I. PRORATION OFFICE			
Ray Smith Drilling	Company		
Address			
3300 Republic Bank Reason(s) for filing (Check proper bo	Building, Dallas, Texas	5 Other (Please explain)	
New Well	change in Transporter of:		f Operator only from
Recompletion	Oli Dry Ga		tive May 1, 1967.
Change in Ownership	Casinghead Gas Conder	nsate	
If change of ownership give name	Change in encouting (name only (same ownersh	uin)
and address of previous owner	Change in operating i	name only (same owners)	·
I. DESCRIPTION OF WELL AND	LEASE		
Lease Name	Well No. Pool Name, Including F		
Sunshine Royalty Co	<u> </u>	State, r'ederal	cr Fee Fee
	N. N.	ne and 660 Feet From T	. 147
Unit Letter <u>E</u> ; <u>1,9</u>	80 Feet From The N Lin	ne and Feet From T	ne
Line of Section 17 T	ownship 22S Range	38E , NMPM, Le	a County
I. DESIGNATION OF TRANSPOR Name of Authorized Transporter of O	TER OF OIL AND NATURAL GA	Address (Give address to which approv	ed copy of this form is to be sent)
The Permian Corpora		P. O. Box 3119, Midla	
Name of Authorized Transporter of C	asinghead Gas X or Dry Gas	Address (Give address to which approv	ed copy of this form is to be sent;
Warren Petroleum Co	mpany	P. O. Box 1589, Tulsa	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	is gas actually connected? When Yes	n 3/5/64
give location of tanks.			5/5/01
If this production is commingled w V. COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:	
Designate Type of Complet	Oil Well Gas Well	New Well Wcrkover Deepen	Plug Back Same Res'v. Diff. Res'v.
	and the second sec		P.B.T.D.
Date Spuddød	Date Compl. Ready to Prod.	Total Depth	P.B.1.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
		D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
			· · · · · · · · · · · · · · · · · · ·
	COD AT LOWARTE (Test must be	lifter recovery of total volume of load oil a	ind must be equal to or exceed top allow-
V. TEST DATA AND REQUEST I	able for this de	epth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	t, etc.)
	Tubing Pressure	Casing Pressure	Choke Size
Length of Teat	I Ching Flessers		
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
			<u> </u>
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensgte/MMCF	Gravity of Condensata
Actual Proc. 1961-MCF/D			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
			1
VI. CERTIFICATE OF COMPLIA	NCE	OIL CONSERVA	TION COMMISSION
		APPROVED	, 19
Commission have been complied	i regulations of the Oil Conservation with and that the information given		
above is true and complete to t	he best of my knowledge and belief.	BY	
	1 11	TITLE	
77	-1-1111	This form is to be filed in c	compliance with RULE 1104.
Jule M.	Typen	To this is a securet for silow	able for a newly drilled or deepened hied by a tabulation of the deviation
	ma:sre)	tests taken on the well in accor	dance with RULE 111.
Nell M. Heflin, Age	SIL //	All sections of this form mus able on new and recompleted we	at be filled out completely for allow-
May 12, 1967		Fill out only Sactions I IT	THE and VI for changes of owner,
	Da:e)	well name or number, or transport	er, or other such change of condition.
		Separate Forms C-104 must completed wells.	t be filed for each pool in multiply