

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR INFORMATION

Operator  
Marks & Garner Production Co.

Well API No.  
30-025-08145

Address  
P O Box 70, Lovington, NM 88260

Reason(s) for Filing (Check proper box)  
New Well ☐  
Recompletion ☐  
Change in Operator ☒  
Change in Transporter of:  
Oil ☐ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐

☐ Other (Please explain)

If change of operator give name and address of previous operator

Royalty Holding Co., c/o Pegasus Energy Corp., 9428 Westgate Rd.

II. DESCRIPTION OF WELL AND LEASE

Lease Name  
Gulf Hanagan Federal

Well No.  
2

Pool Name, Including Formation  
Double X Delaware

Kind of Lease  
X State, Federal or Rex x

Lease No.  
NMNM01917

Location

Unit Letter 0 : 600 Feet From The South Line and 1980 Feet From The East Line

Section 11 Township 24S Range 32E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Enron Oil Trading & Trans. EOT Energy Corp.

Address (Give address to which approved copy of this form is to be sent)  
P O Box 1188, Houston, TX 77251-1188

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
GPM Gas Corporation

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.

Twsp.

Rge.

Is gas actually connected?

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 Res'v ☐ Diff Res'v ☐

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Elevations (DF, RKB, RT, GR, 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 Tank

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. OPERATOR 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  
E. L. Link Marks

Partner

Printed Name  
01-29-93

Title  
505-396-5326

Date

Telephone No.

OIL CONSERVATION DIVISION

Date Approved  
FEB 04 1993

By  
ORIGINAL SIGNATURE OF JERRY SEXTON

Title  
DISTRICT SUPERVISOR

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

FEB 01 1993

LIBRARY OF CONGRESS