Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico - 1, Minerals and Natural Resources Departmen.

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

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II P.O. Drawer DD, Anesia, NM 88210 Santa Fe, New Mexico 87504-2088 DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410 I.	REQUEST		ABLE AND AUTHOR			
Operator			OIL AND NATURAL G		API No.	
Marks & Garner /	World		30-025-08155			
Address P O Box 70, Lovin	igton, NM 8	8260				
Reason(s) for Filing (Check proper box)			Other (Please expi	lain)		
New Well	Change	in Transporter of:	,	,		
Recompletion	Oil [Dry Gas			-	
Change in Operator K	Casinghead Gas	_ Condensate _				
			c/o Pegasus En			428 Westgate
I. DESCRIPTION OF WELL Lease Name			OA, Okla. City			
Bradley Federal	2	Double	X Delaware		of Lease Federal of Eeg	Lease No. NMLCO62269A
ocation				- IAAA		MILCOUZZOJA
Unit Letter H	. 1980	Feet From The _	North Line and 990	Fe	eet From The	East Line
Section 22 Townsh	24S	Range 32E	, NMPM,	Lea		County
I. DESIGNATION OF TRAI	NSPORTER OF C	OIL AND NAT	URAL GAS			
lame of Authorized Transporter of Oil	Olk Energy Pands	nsale	Address (Give address to wi	hich approved	copy of this for	m is to be sent)
Enron Oll Trading	a companye a 1.	04	P O BOx 1188			
lance of Authorized Transporter of Casil	nghead Gas	or Dry Gas	Address (Give address to wi			
GPNI Gas Corporation well produces oil or liquids,	1160 10	[Pr 5		1 40		
well produces oil or liquids, ve location of tanks.	Unit Sec.	Twp. Rg	e. Is gas actually connected?	When	7	
this production is commingled with that	from any other lease or	r pool, give commin	igling order number:			
	Oil Wel	II Gas Well	New Well Workover	Deepen	Plug Back S	ame Res'v Diff Res'v
Designate Type of Completion				İ	i i	<u>i</u>
ate Spudded	Date Compl. Ready I	o Prod.	Total Depth		P.B.T.D.	
evations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth	
erforations					Depth Casing	Shoe
			CEMENTING RECOR	<u>D</u>	·	
HOLE SIZE	CASING & TI	UBING SIZE	DEPTH SET		SA	CKS CEMENT
			i		<u> </u>	
TEST DATA AND REQUE	ST FOR ALLOW	ABLE			4	
		of load oil and mus	st be equal to or exceed top allo			full 24 hours.)
ite First New Oil Run To Tank	Date of Test		Producing Method (Flow, pu	np, gas lift, ei	(c.)	
ngth of Test	7. L D		Cosina Program		Choke Size	
ingui or resc	Tubing Pressure		Casing Pressure		CHORE GIZE	
ctual Prod. During Test	Oil - Bbls.		Water - Bbls.		Gas- MCF	
AS WELL	<u></u>				L	
ctual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Con	densate
			Dotal Controller Printer		Startly of Condensate	
ting Method (pilot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size	
. OPERATOR CERTIFIC	ATE OF COME	DITANCE	1		L	J
I. OPERATOR CERTIFIC Thereby certify that the rules and regul			OIL CON	SERVA	ATION D	IVISION
Division have been complied with and				···		
is true and complete to the best of my l		-	Date Approved	ł ·	FEB 04	1993
() 1			Date Approved			
Zund I lu	m. ll		D. Onicini	I DIMAIRO	EV IEDOV 6	ENTON
Signature E L Link Marks	Do =	tnor	11		BY JERRY S SUPERVISOR	
E L Link Marks Profed Name	rar	tner Title			JUI EN TIJUR	•
01-29-93	505-3	96-5326	Title			

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

Date

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.

Telephone No.

- 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.