District [PO Box 1988, Hobbs, NM 35241-1988 District II ?O Drawer DD, Artesia, NM 55211-6719			State of New Mexico Minerale & Natural Resources Department OIL CONSERVATION DIVISION						Form C-104 Revised February 10, 1994 Instructions on back Submit to Appropriate District Office				
District III 1000 Rie Brazes Rd., Aztor, NM 87418			PO Box Santa Fe, NM					ON	Submit to Appropriate District Office 5 Copies				
District IV PO Boz 2008, S	anta Fe, Niv	87504-2068	l						AMENDED REPORT				
I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT													
Marks a	and Gar	ner Prod	luction,	LTD. C	ο.						³ OGRID Number		
c/o Oil Reports & Gas Services, Inc., P. O. Box 755						To add L/II				014070 * Resson for Filing Code			
		xico 882	41						to operator name. Requested Ogrid # remain the same. Eff. 12/01/94				
· · · ·	PI Number		' Pool Name						'Pool Code				
30 - 0 25-28655 'Preparty Code			Double X Delaware						19090				
006561			Property Name							' Well Number			
		Location	Graham Federal						003				
Ul er lot ne.		Towaship	Range	Lot.lda	Feet fro	n the	North/South Lin		Feet from the	East/West	line County		
E	22	24S	32E		22	10	NORTH		990	WEST	LEA		
		Hole Loc		· · · · · · · · · · · · · · · · · · ·		<u> </u>							
UL er lot ze.		Township	Range Lot Ida					with line	Fact from the East/West		line County		
E ¹³ Lee Code	22 "Produc	24.S ing Method Co	32E	Connection D		10	NORTH		990 WEST * C-129 Effective Date "C-1		LEA		
F		P	6/84						C-117 Ellective		" C-129 Expiration Date		
		Transpor	ters		l			_1		l			
"Transporter OGRID		19	" Transporter Name and Address			H POD H O		^н 0/G		¹⁰ POD ULSTR Location			
020445	Con		Lock Permian Corp.			1272810				and Description			
P. O. Box			0. C. C.			1212		0	E-22-24S-32E				
	HOI	uston, 1	exas 77210-4648			ver den ser ver an Vision den ser en den ser		1997 - 1999 -					
009171		PM Gas C	-	-			1272830 G		E-22-24S-32E				
ANT S SS CALL				and the second sec			······						
									· · · ·				
adagaan aha aha aha aha aha aha aha aha aha						na n							
IV. Produced Water POD POD POD POD POD POD POD PO													
	POD					" POD U	LSTR Local	ion and l	Description				
V. Well	Comple	tion Data			·····								
V. Well Completion Data			¹⁴ Ready Date			" TD	····		* PBTD		¹⁰ Perforations		
" Hole Size			" Casing & Tubing Size			³⁸ Depth S			4		Sacks Cement		
VI. Well Test Data			Delivery Date * Test Date			# Test Level					N C D		
							¹⁷ Test Length		³⁴ Tog. Pressure		³⁰ Cag. Pressure		
" Choke Sim		•	4 OB		4 Water		4 Gas		" AOF		4 Test Method		
" I hereby certify that the rules of the Oil Conservation Division have been complied							•	· · · · · · · · · · · · · · · · · · ·			1		
with and that the information given above is true and complete to the best of my knowledge and belief.							OIL CONSERVATION DIVISION						
Signature: Rulen Halla							Approved by: ORIGHTAL SIGNIES ST JERRY SEXTON						
Printid anne: Laren Holler							Tide: Eletasor Former Perior						
Title: Agent				Approv	Approval Data:				40.05				
	14/94		Phone:(5										
" If this is a change of operator fill in the OGRID number and name of the previous operator													
Provious Operator Signature Printed Name Title I											Date		

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole ban h harral

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

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

Fill out only sections I, II, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

improperly filled out or incomplete forms may be returned to operators unapproved.

- Operator's name and address 1.
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- Reason for filing code from the following table: NW New Well RC Recompletion CH Change of Operator AO Add oil/condensate transporter CO Change oil/condensate transporter AG Add gas transporter CG Change gas transporter RT Request for test allowable (include regulated) 3.

 - CH
 Change of Operator

 AO
 Add cil/condensate transporter

 CO
 Change cil/condensate transporter

 AG
 Add gas transporter

 CG
 Change gas transporter

 RT
 Request for test allowable (Include volume requested)

 If for any other reason write that reason in this box.
- 4. The API number of this well
- 5. The name of the pool for this completion
- 8. The pool code for this pool
- 7. The property code for this completion
- 8. The property name (well name) for this completion
- The well number for this completion 9.
- The surface location of this completion NOTE: if the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter. 10.
- 11. The bottom hole location of this completion
 - Lease code from the following table:

12.

SP

- ŇU
- Ge from the followi Federal State Fee Jicarilla Navejo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table: 13. Flo Flowing Pumping or other artificial lift Þ
- 14. MO/DA/YR that this completion was first connected to a gas transporter
- The permit number from the District approved C-129 for this completion 15.
- 16. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this 17. completie
- 18. The gas or oil transporter's OGRID number
- Name and address of the transporter of the product 19.
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.
- 21. Product code from the following table: Oil Gas

- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD",etc.) 22.
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 23.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.) 24.
- 25. MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to produce
- 27. Total vertical depth of the well
- 28 **Plugback vertical depth**
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- 32 Depth of casing and tubing. If a casing liner show top and
- 33. Number of sacks of cement used per casing string

The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- 34. MO/DA/YR that new oil was first produced
- MO/DA/YR that gas was first produced into a pipeline 35.
- 36. MO/DA/VR that the following test was completed
- 37. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- 39.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells
- 40. Diameter of the choke used in the test
- 41. Barrels of oil produced during the test
- Barrels of water produced during the test 42.
- 43. MCF of gas produced during the test
- 44 Gas well calculated absolute open flow in MCF/D
- 45. The method used to test the well:
 - Flowing

 - r riowing P Pumping S Swebbing If other method please write it in.
- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 46.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 47.

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- D HOBBS OFFICE