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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-10 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY
MAY 21 1986
O. C. D.
ARTESIA OFFICE

Operator BHP Petroleum Company Inc.	
Address 1300 One First City Center, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner Monsanto Oil Company, 1300 One First City Center, Midland, Texas 79701

Lease Name Lowe State Gas Com.		Well No. 1	Pool Name, Including Formation Indian Basin (Upper Penn)	Kind of Lease State, Federal or Fee State	Lease No. E-10170
Location Unit Letter <u>F</u> ; <u>1995</u> Feet From The <u>north</u> Line and <u>1712</u> Feet From The <u>west</u>					
Line of Section <u>36</u> Township <u>21S</u> Range <u>23E</u> , NMPM, <u>Eddy</u> County					


Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Marathon Oil Company		Address (Give address to which approved copy of this form is to be sent) P. O. Box 552, Midland, Texas 79702			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Marathon Oil Co.		Address (Give address to which approved copy of this form is to be sent) P. O. Box 552, Midland, Texas 79702			
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 36	Twp. 21S	Rge. 23E	Is gas actually connected? When yes 5/84

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

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 Tanks	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. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED <u>JUL 30 1986</u> , 19____	
 (Signature)		BY <u>Original Signed By</u>	
D. E. Brown - Manager Southwestern Region		<u>Les A. Clements</u>	
(Title)		TITLE <u>Supervisor District II</u>	
April 30, 1986		This form is to be filed in compliance with RULE 1104.	
(Date)		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 allowable 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.	