

DISTRIBUTION	
SALE PRICE	✓
FILE	✓
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	✓
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

(Marathon is operator of the Indian Basin Gas Plant and Gathering System. Natural Gas Pipeline Company of America is purchaser of the gas under contracts providing for delivery of residue gas at the plant.)

RECEIVED

Operator Chevron U.S.A. Inc.	
Address P. O. Box 1660, Midland, Texas 79701	
Reason(s) for filing (Check proper box) New Well ☐ Change In Transporter of: ☐ O.C.G. (Please explain) Recompletion ☐ Oil ☐ Dry Gas ☐ Change in operator's name. Change In Ownership ☐ Casinghead Gas ☐ Condensate ☐	
If change of ownership give name and address of previous owner No change in ownership.	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ut Bogle Flats Gas Com.	Well No. 8	Pool Name, including Formation Indian Basin, Upper Penn. Gas	Kind of Lease State, Federal or Fee Federal	Lease No.
Location Unit Letter G ; 1650 Feet From The North Line and 1650 Feet From The East Line of Section 5 Township 22-South Range 23-East , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Marathon Oil Company, Operator, Indian Basin Gas Plant and Gathering System	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1324, Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Same	Address (Give address to which approved copy of this form is to be sent) Same					
If well produces oil or liquids, give location of tanks.	Unit -	Soc. -	Twp. -	Rge. -	Is gas actually connected? yes	When March 10, 1966

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

V. 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			

VI. 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)

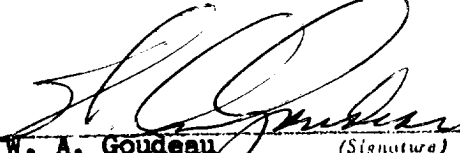
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

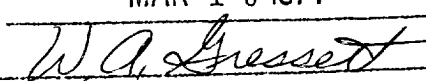
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

II. CERTIFICATE OF COMPLIANCE

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.

 W. A. Goudeau Area Supervisor	(Signature)
March 4, 1977	(Date)

OIL CONSERVATION COMMISSION

APPROVED	MAR 10 1977	19
BY		
TITLE	SUPERVISOR, DISTRICT II	

This form is to be filed in compliance with RULE 1104.

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.