## District I

PO Box 1980, Hobbs, NM 88241-1980

District II

PO Drawer DD, Artesia, NM 88211-0719

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

2040 South Pacheco, Santa Fe, NM 87505

## State of New Mexico ergy, Minerals & Natural Resources Department

## **OIL CONSERVATION DIVISION** 2040 South Pacheco **Santa Fe, NM 87505**

Form C-104 Revised October 18, 1994 Instructions on back Submit to Appropriate District Office 5 Copies

■ AMENDED REPORT

<u>I.</u>	F	<b>LEQUES</b>	T FOR A	LLOWAF	3LE A	ND AU	J <b>THO</b> !	RIZAT			REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT											
	_	•	erator name and	id Address					2 /	OGRID N	Number											
Marathon 0	•	.ny								0140												
P.O. Box 5									<sup>3</sup> Re		Filing Co	ode										
Midland, To	exas 79 API Number		•			- n1 No			RC-dif	<u>fferen</u> t	t reser	rvoir										
			1			5 Pool Nan					۰r	Pool Code										
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II. 'S	Surface	Location	i																			
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it	Bottom	Hole Loc	cation							_												
UL or lot no.	Section	Township	Range	Lot. Idn	Feet from	om the	North/Sc	outh Line	Feet from the	East/V	West line	County										
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12 Lse Code F	1	ing Method Coo	1	Connection Date 5-24-96	15 C.	C-129 Perm	iit Number	r 16	<sup>16</sup> C-129 Effective	Date	17 C-1	-129 Expiration Date										
				1-24-30							Ь											
III. Oil and	1 Gas 1		ansporter Name			20 POD	<del></del>	21 O/G	T 22 PC	THIST	R Location											
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V. Well Co						<del></del>																
<sup>25</sup> Spud Dat	æ	<sup>26</sup> Read	ady Date	27 7	Œ		28 PB1	TD	<sup>29</sup> Perfora	ations	30	DHC, DC, MC										
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<sup>71</sup> No	ole Size		<sup>32</sup> Casın <sub>ı</sub>	ng & Tubing Size	·	33 Depth Set				<del></del>	34 Sacks Co	ement										
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35 Date New (		a <sup>36</sup> Gas Deliver	ery Date	37 Test Date	ie	38 T	Test Length	h	39 Tbg. Pressure	re	40 (	Csg. Pressure										
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Saran .					ı				noi													
47 F breaker partifi	-1 -4 tha mil	es of the Oil Co		220			714					Pumping										
<sup>47</sup> I hereby certify complied with and	d that the info	formation given	اط onservation n above is true:	ivision have occur e and complete to	o.		<b>O</b> !	IT COV	SERVATIO	N DIV	/ISIO	Ŋ										
the best of my kno Signature:	wledge and	l belief.	,	,		Approved b	øy:	DISTRI	ict ii superi	WISUB WILLE	A W. 6	<i>-</i> .										
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Ginny Lark	(A	U			1	Title:																
Title:		••			1	Approval D	Jate:		·· C.C.													
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Date: 12/28	/98		Phone: 915	5-682-1626																		
48 If this is a chr	ange of oper	ator fill in the		ber and name of the	the previo	ous operato	)r															
	PTCV	vious Operator	Signature			Printe	ted Name			Title	è	Date										