discount			
NO. OF COPIES RECE	11		
DISTRIBUTIO			
SANTA FE	1		
FILE	1	4	
U.S.G.S.	'		
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	1.	
OPERATOR	4		
PRORATION OFFICE			
Operator			٠
Marathon	Oil	Con	pany
Address			
P. O. Bo	x #79	97,	McFa
Reason(s) for filing	Check	prope	box)
New Well	X		
Recompletion			

NEW MEXICO OIL CONSERVATION COMMISSION

Form C -104

FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-1		
U.S.G.S.	ALITHOPIZATION TO TRA	AND	Effective 1-1-65		
LAND OFFICE	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL (GAS		
TRANSPORTER OIL					
GAS		•			
OPERATOR 4					
PRORATION OFFICE					
Operator					
Marathon Oil Compa	iny				
	-T-11				
Reason(s) for filing (Check proper bo	Fadden, Wyoming 82080				
New Well	Change in Transporter of:	Other (Please explain)			
Recompletion		_ [
Change in Ownership	Casinghead Gas Conden				
	Solide:	isate []			
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND	LEASE				
Lease Name	Well No. Pool Nan	me, Including Formation	Kind of Lease		
Jicarilla-Apache	9 Basi	ln Dakota	State, Federal or Fee Federal		
Location					
Unit Letter 6, 9	990 Feet From The north Line	e and 1100 Feet From	The East		
					
Line of Section 28 , T	ownship 26N Range	5W , NMPM, Rio	Arriba County		
DESIGNATION OF TRANSPOL					
Name of Authorized Transporter of O	RTER OF OIL AND NATURAL GA	S Address (Give address to which appro			
Contract not let		Address (Give address to which appro	ivea copy of this form is to be sent)		
Name of Authorized Transporter of C	asinghead Gas [X] or Dry Gas	Address (Give address to which appro	med copy of this form is to be sent		
El Paso Natural Ga					
If well produces oil or liquids,	Unit Sec. Twp. Rge.	P. O. Box #990, Farmin Is gas actually connected? Wh	gton, New Mexico en Will be connected		
give location of tanks.	C 28 26N 5W		ometime this month.		
If this production is comminded u	with that from any other lease or pool,		ometime this month.		
COMPLETION DATA	that from any other lease or pool,	give commingling order number:			
Designate Two of Complete	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res		
Designate Type of Complet	10n - (X) X	X			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
September 9, 1966	October 22, 1966	7500 K.B.	7461' K.B.		
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
Basin Dakota	Dakota Sandstone	7078' K.B.	7076' K.B.		
Perforations /078'-82'; 70	086'-88'; 7208'-12'; 7216'	-22'; 7242'-44';	Depth Casing Shoe		
/254'-56'; /296'-98';	7306'-14'; 7320'-24'; 2	holes per foot	7495 KB		
10. 50.5		CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
7-7/8"	9-5/8" O.D., 32.3#, H-40 4½" O.D., 11.6#, J-55	428,11' K.B.	495 sacks, 2% CaCl ₂		
	2-3/8" O.D., 4.7#, N-80	7495' K.B.	1640 sacks		
	2-3/0 0.D., 4.71, N-00	7076' K.B.			
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fter recovery of total values of Last 21			
OIL WELL	able for this de	epth or be for full 24 hours)	and must be equal to or exceed top allo		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)		
			/crell/h		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Dred Drette B	- Cui Bul		/ Krori r		
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF		
		L	FEB 27 1967		
GAS WELL Initial tes	at conducted by mass 12	T A	1 C		
Actual Prod. Test-MCF/D	t conducted by Tefteller, Length of Test	Inc., on October 22, 1	966.		
6,737 MCF/D	3 hour				
Testing Method (pitot, back pr.)	Tubing Pressure	Unknown Casing Pressure	Unknown Choke Size		
Back pressure	522 psig	1455 psig			
CERTIFICATE OF COMPLIA			3/4"		
- Com Lin	1102		ATION COMMISSION		
I hereby certify that the sules on	d regulations of the Oil Communic	APPROVED FEB 27 1	967 42		
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		BY Original Signed by Emery C. Arnold			
above is true and complete to t	the best of my knowledge and belief.	BY Original Signed L			
		- TOTAL COR	DIST. #9		
0		TITLE SUPERVISOR			
00X. 1	0 .	This form is to be filed in	compliance with RULE 1104.		
Val	gnature)		wable for a newly drilled or deeper		
	· ,	well, this form must be accomp tests taken on the well in acco	anied by a tabulation of the deviate ordance with RULE 111.		
District Operations Manager tests taken on the well in accordance with RULE 111. All sections of this form must be filled out complete		j.			
		All sections of this form m	able on new and recompleted wells.		
·	Title)	able on new and recompleted w	vells.		
February 23	Title) 3, 1967	able on new and recompleted w	vells. I, and VI only for changes of own		
February 23	Title)	able on new and recompleted w Fill out Sections I, II, III well name or number, or transpo			

Marathon #9 Jicarilla-Apac Sec. 28-T26N-R5W Rio Arriba County, New Mexico

DEVIATIONS

		ı,			
Donth	Dov. (degrees)	Depth	Dev.		
90	1/2				
4451	3/4				
935'	1	İ			
1435 [†] 1917 [†]	1 1/4				
1917'	1/4				
2410'	1 1/4				
2679'	2				
3192'	2 1/4				
3508 '	1 3/4				
3955† 4810†	1	_			
45101	1 1				
44861		li .			
4650'	1 1/2				
4920'	1 3/4	<u> </u>	,		
5130'	1 1/4				
5428'	1 1//				
5870 '	1 1/4				
6320 ' 6730'	1 3/4	_			
	1 1/4				
7095 ' 7330'	2 1/4	- !! - !!	<u> </u>		
7418	2 1/4				
7410	1 2 1/4				
		_}	t ·		
	j				
		#			
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