

CORRECTED COPY

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASForm C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	3
PRORATION OFFICE	

Operator Marathon Oil Company	
Address P. O. Box #797, McFadden, Wyoming 82080	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Correct Unit Letter and insert name of authorized transporter of condensate.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla-Apache	Well No. 9	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal
Location Unit Letter <u>A</u> ; <u>990</u> Feet From The <u>North</u> Line and <u>1100</u> Feet From The <u>East</u> Line of Section <u>28</u> , Township <u>26N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Rock Island Oil & Refining Company, Inc.	321 West Douglas, Wichita, Kansas		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas Company	P. O. Box #990, Farmington, New Mexico		
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 28	Twp. 26N
			Rge. 5W
			Is gas actually connected? No
			When Will be connected sometime this month.

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		X	X					
Date Spudded September 9, 1966	Date Compl. Ready to Prod. October 22, 1966		Total Depth 7500' K.B.		P.B.T.D. 7461' K.B.			
Pool Basin Dakota	Name of Producing Formation Dakota Sandstone		Top Oil/Gas Pay 7078' K.B.		Tubing Depth 7076' K.B.			
Perforations 7078'-82'; 7086'-88'; 7208'-12'; 7216'-22'; 7242'-44'; 7254'-56'; 7296'-98'; 7306'-14'; 7320'-24'; 2 holes per foot					Depth Casing Shoe 7495' K.B.			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	9-5/8" O.D., 32.3#, H-40		428.11' K.B.		495 sacks, 2% CaCl ₂			
7-7/8"	4 1/2" O.D., 11.6#, J-55		7495' K.B.		1640 sacks			
	2-3/8" O.D., 4.7#, N-80		7076' K.B.					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be run 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 Initial test conducted by Tefteller, Inc., on October 22, 1966.

Actual Prod. Test-MCF/D 6,737 MCF/D	Length of Test 3 hours	Bbls. Condensate/MMCF Unknown	Gravity of Condensate Unknown
Testing Method (pitot, back pr.) Back pressure	Tubing Pressure 522 psig	Casing Pressure 1455 psig	Choke Size 3/4"

VI. 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.



District Operations Manager

(Title)

February 24, 1967

(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 27 1967, 19
BY Original Signed by Emery C. Arnold
TITLE SUPERVISOR DIST. #3

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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.