NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11.	
	U.S.G.S.	AUTHOUT TO TO	AND	Effective 1-1-65	
	LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
	TRANSPORTER OIL /				
	GAS /				
2	PROBATION OFFICE				
	Operator			· · · · · · · · · · · · · · · · · · ·	
	Marathon Oil Company Address				
	P. O. Box #39, Sidney, Nebraska 69162				
	Reason(s) for filing (Check proper box) New Well Change in Transporter of: Other (Please explain) Previous condensate transporter:			ate transporter:	
	Recompletion Oil Dry Gas		Rock Island Oil a	and Refining Co., Inc.	
	Change in Ownership	Casinghead Gas Conde	ensate X 321 West Douglas,	, Wichita, Kansas	
	If change of ownership give name				
	and address of previous owner				
ΣΤ! Δ#.	DESCRIPTION OF WELK, AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.				
	Jicarilla Apache	9 Easin Dal			
	Location		· · · · · · · · · · · · · · · · · · ·		
	Unit Letter A ; 996	Feet From The North Li	ine and <u>1100</u> Feet From 1	The <u>East</u>	
	Line of Section 28 Tow	vaship 26N Range	5W , NMPM, Ri	lo Arriba County	
grere	10 (Mariana) a cay o ny lang bank a kyana a a b	AND ON OWN STREET			
liu.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate M Address (Give address to which approved copy of this form is to be sent)				
	Plateau, Inc.		P.O.Box 108, Farmington	n, New Mexico 87401	
	Name of Authorized Transporter of Casinghead Gas or Dry Gas E1 Paso Natural Gas Company		Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, New Mexico 87401		
	If well produces oil or liquids, Unit Sec. Twp. Rge.		Is gas actually connected? When		
	give location of tanks.	A 28 26N 5W	Yes	1967	
IV.	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool	, give commingling order number:		
	Designate Type of Completio	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	
	HOLE SIZE	TUBING, CASING, AN	ND CEMENTING RECORD DEPTH SET	SACKS CEMENT	
				O,OKO GENETIV	
♥.	FEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-				
	ONL WILL able 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.)			fi, eto.)	
	Lungth of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas-MCF	
	GAS WELL	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	Totaling inclined (prior)		outing (total of the total of	0.1020 0120	
VI.	. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION MAR 2 0 1970		
			MAR 2 0 1970 APPROVED, 19		
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given the complete the theory of my knowledge and belief		Original Signed by Proming A		
	above is true and complete to the best of my knowledge and belief.				
			TITLE SUPERVISOR DIST, #8		
			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.		
	R. L. Van Cleave (Signature)				
	Area Superintendent		All sections of this form must be filled out completely for allow-		
	(Tule) March 16, 1970		able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner,		

(Date)

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.

Supporter Forms C-104 must be filed for each pool in multiply