Distribution, NEW MEXICO C.L. CONSERVATION COMMISSION Form C-104 SANTA FE Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE FILE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE 0:L TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Marathon Oil Company P. O. Box #39, Sidney, Nebraska 69162 Reason(s) for filing (Check proper box) Other (Please explain) Previous condensate transporter: Change in Transporter of: Recompletion 00 Dry Gas Rock Island Oil and Refining Co., Inc. Change in Ownership Casinghead Gas 321 West Douglas, Wichita, Kansas Condensate If change of ownership give name and address of previous owner. CREPTION OF WELL Well No. Pool Name, Including Formation Lease Name Kind of Lease Lease No. Jicarilla Apache State, Federal or Fee Federal 10 Basin Dakota ; 1100 Feet From The NOTTh Line and \mathbb{E} <u> 1550 </u> __ Feet From The __ 27 26N5W Township Rio Arriba , NMPM. Line of Section Range County DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Plateau, Inc. P.O.Box 108, Farmington, New Mexico 87401

If well produces oil or liquids,	Unit	Sec.	Twp.	R.ge.	Is gas actu	ally connecte	d? V	vhen		
give location of tanks.	B 27		26N	574	Yes		1	1967		
If this production is commingled will COMPLETION DATA	th that fr	om any o	ther leas	se or pool,	give commi	ngling order	number:			<u> </u>
Designate Type of Completi	on - (X)	O11 W	Vell	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Restv.
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 Casi	ng Shoe	
		TUS	ING, CA	SING, AN	D CEMENT	NG RECOR	Ď	i		
HOLE SIZE CASING & TUBING		SIZE	DEPTH SET		Τ	SACKS CEMENT				
				 						
	 									

(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) V. THEY DAYA AND REQUEST FOR ALLOWABLE 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 P2 175 Water - Bbls. Actual Prod. During Tost Ott - Bals. OIL COM DIST

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
Testing Mothed (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shuc-in)	Choko Size

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.

Name of Authorized Transporter of Casinghead Gas _____ or Dry Gas ____

El Paso Matural Gas Company

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75	
2-1016	(1) ()
R. L. Van Cleave	(Signature)
Amen	Superintendent
	(Title)

1970 March 16

(Date)

OIL CONSERVATION COMMISSION

Address (Give address to which approved copy of this form is to be sent)

P.O. Box 990, Farmington, New Mexico 87401

MAR 2,0191970 APPROVED_ BY Original Signed by Emery C. Arnold SUPERVISOR DIST. #3 TITLE .

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 weeks.

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