NO. (F COPIES RECI	7		
DISTRIBUTION			
SANTA FE		1	
FILE		1	7
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS	1,	
OPERATOR		4	
PRORATION OFFICE		1	
Operator			

SANTA FE /	1	ONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
U.S.G.S. LAND OFFICE OIL	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GAS		
TRANSPORTER GAS /				
OPERATOR 4				
PRORATION OFFICE Operator				
Marathon O	il Company			
P. O. Box Reason(s) for filing (Check proper box		32601 Other (Please explain		
New Well	Change in Transporter of:	Other Wedse explain	, , , , , , , , , , , , , , , , , , ,	
Recompletion X	Oil Dry Gar	 		
If change of ownership give name and address of previous owner	Cushiqued dus Conden	3dte		
I. DESCRIPTION OF WELL AND	LEACE			
Lease Name	Well No. Pool Name, Including Fo	lTrih	Lease Jicarilla-ApacheLease No.	
Jicarilla-Apache	10 Pictured Clif	TS State, 1	000154 Tract 251	
Unit Letter B;]]	OO Feet From The North Lin	e and 1550 Feet	From The East	
Line of Section 27 To-	waship 26-N Range 5.	-W , NMPM, Ri	o Arriba County	
I. DESIGNATION OF TRANSPOR'			approved copy of this form is to be sent)	
None				
Name of Authorized Transporter of Ca		No Liquids Produced Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, NM 87401		
El Paso Natural Gas Co If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
If this production is commingled wi	th that from any other lease or pool,	<u> </u>		
Designate Type of Completic	on - (X) Oil Well Gas Well X	New Well Workover Deep	en Plug Back Same Res'v. Liff, Res'v.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
11-15-66 Elevations (DF, RKB, RT, GR, etc.)	2-27-75 Name of Producing Formation	7500 Top Oil/Gas Pay	7470' Tubing Depth	
6538' KB	Pictured Cliffs	2968'	7128'	
Perforations			Depth Casing Shoe	
2968' to 2990'	TUBING, CASING, AND	CEMENTING RECORD	7494'	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
15"	9-5/8"	459 !	525 Sacks-	
7-7/8"	4-1/2" 2-3/8"	7,494'	895 Sacks Landed in Model "D"	
	2-3/8	7,120	Packer	
V. TEST DATA AND REQUEST F		fter recovery of total volume of lo pth or be for full 24 hours)	ad oil and must be equal to or exceed top allow-	
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	
		(1)	Gas-MCF	
Actual Prod. During Test	Oil-Bhls.	Water-Bbls.	PR 14 1975	
CACAUTY		1	CON. COM	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	DISTGREETLY of Condensate	
1447	3 Hours	.181		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
Back Pressure I. CERTIFICATE OF COMPLIAN	Packer CE	108 psig	ERVATION COMMISSIAN 1 1975	
		1)-		
Commission have been complied	regulations of the Oil Conservation with and that the information given	n l		
above is true and complete to th	e best of my knowledge and belief.	TITLE SUPERVISOR DIST. #3		
<u>-</u>	11th	11		
Paul F. John	Dr.	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened		
D I (Sig)	sature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
LUSTRICT CIRCIOX	ins Manager	All sections of this form must be filled out completely for allow		
ADEIL 10 1975	itle)	able on new and recompleted wells. Fill out only Sections I. II. III. and VI for changes of owner.		
· Myress (C	ate)	well name or number, or tra	insporter, or other such change of condition.	

able on new and recompleted wells.

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 completed wells.