Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Marathon Oil Company
Description Characteristic Charact
Reacetic for Filling (Check proper boar) Now Wall Recomplicion Oil Dry Cas Discartilla Apache Italian DESCRIPTION OF WELL AND LEASE Lease Name Jicartilla Apache Italian Description Unit Leaser B : 1100 Peet From The North Line and 1550 Feet From The East Line Seato 27 Township 26N Range 5W ,NMPM, Rio Arriba County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorised Transporter of Oil Or Coodenates XXXX Address (Give address to which approved copy of this form is to be sent) Garvi-Williams Energy Address (Give address to which approved copy of this form is to be sent) Recomplicion Recomplici
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Locations
Section 27 Township 26N Range 5W , NMFM, Rio Arriba County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil
Marrie M
Name of Authorized Transporter of Oil or Condensate IX3 Address (Give address to which approved copy of this form is to be sent) Gary-Williams Energy Name of Authorized Transporter of Casisgheed Gas or Dry Cas IX3 Address (Give address to which approved copy of this form is to be sent) P. O. Box 159 Bloomfield, N.M. 87413 Name of Authorized Transporter of Casisgheed Gas or Dry Cas IX3 Address (Give address to which approved copy of this form is to be sent) P. O. Box 159 Bloomfield, N.M. 87413 Name of Authorized Transporter of Casisgheed Gas or Dry Cas IX3 Address (Give address to which approved copy of this form is to be sent) P. O. Box 159 Bloomfield, N.M. 87413 Name of Authorized Transporter of Casisgheed Gas IX3 Address (Give address to which approved copy of this form is to be sent) P. O. Box 159 Bloomfield, N.M. 87413 Name of Authorized Transporter of Casisgheed Gas IX3 Address (Give address to which approved copy of this form is to be sent) P. O. Box 159 Bloomfield, N.M. 87413 Name of Depth Casisgheed Gas IX3 Address (Give address to which approved copy of this form is to be sent) P. O. Box 159 Bloomfield, N.M. 87413 Name of products IX3 Address (Give address to which approved copy of this form is to be sent) P. O. Box 159 Bloomfield, N.M. 87413 Name of products IX3 Address (Give address to which approved copy of this form is to be sent) P. O. Box 159 Bloomfield, N.M. 87413 Name of products IX3 Address IX3 Name of products IX3 Name of products IX3 Name of products IX
Name of Authorized Transporter of Oil
Name of Authorized Transporter of Oil
Name of Authorized Trunsporter of Casinghead Gas or Dry Gas
Marrathon Oil Company Unit Sec. Twp. Rgs. Is gas actually connected? When ?
If well produces oil or liquids, B 27 26N 5W Yes 1967 If this productos 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 Deepes 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, stc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE Oil WELL (Test must be after recovery of total volume of toad oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Date Firm New Oil Run To Tank Date of Test Producing Pressure Casing Pressure Choke Size GAS WELL Actual Prod. During Test Oil - Bbis. Oil - Bbi
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Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choks Size
VI. OPERATOR CERTIFICATE OF COMPLIANCE
1 hereby certify that the rules and regulations of the Oil Conservation OIL CONSERVATION DIVISION
Division have been complied with and that the information given above
is true and complete to the best of my knowledge and belief. Date Approved
madell
By State Of A
Mark A. Zoller Production Superintendent
Mark A. Zoller Production Superintendent

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.