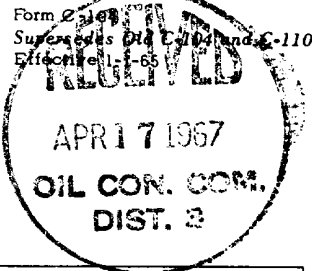


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TRANSPORTER	OIL	
	GAS	1
OPERATOR		2/
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



I. Operator  
Marathon Oil Company

Address  
P. O. Box 97, McFadden, Wyoming 82080

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Dual Completion
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dakota and Pictured Cliffs
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry 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.	11	Pool Name, Including Formation	South Blanco Pictured Cliffs	Kind of Lease	State, Federal or Fee	Federal	Lease No.
Location	Unit Letter M ; 1040 Feet From The South Line and 800 Feet From The West								
Line of Section	28	Township	26N	Range	5 W	, NMPM,		Rio Arriba	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" 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	Sec.	Twp.	Rge.	Is gas actually connected?	When	Will be connected in the near future.
					No		

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'v.	Diff. Res'v.
		XX	XX					
Date Spudded	Date Compl. Ready to Prod.		Total Depth	P.B.T.D.				
January 8, 1967	February 1, 1967		7270	7247				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top XX/Gas Pay	Tubing Depth				
6465 GR, 6478 RKB	Pictured Cliffs Sand		2818	2819				
Perforations	2848-2852, 2863-2874 and 2878-2882					Depth Casing Shoe		
					7269			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	10 3/4", 32.75#	417	475 sacks - to surface
9 7/8"	7 5/8", 26.40#	3033	600 " " "
6 3/4"	4 1/2", 11.60# liner	2928 to 7269	215 " "
	2 3/8", 4.7#, EU tbg	2819	prod. packer at 6970

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)


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 lefteller, Inc., on February 16, 1967

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
2040	3 hours	none	none
Testing Method (pitot, back pr.)	Tubing Pressure (back pr.)	Casing Pressure (back pr.)	Choke Size
back pressure	157 psig	320 psig	3/4"

VI. CERTIFICATE OF COMPLIANCE

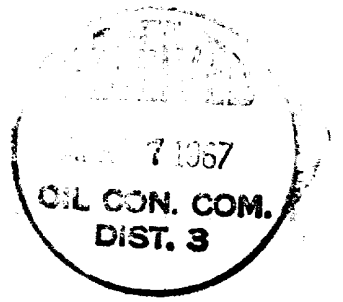
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
(Signature)  
Area Superintendent  
(Title)  
April 13, 1967  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Original Signed by Ernest C. Arnold  
TITLE SUPERVISOR DIST. 2

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 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.



100

$$\frac{1}{2} \left( \frac{1}{2} + \frac{1}{2} \right) = \frac{1}{2}$$