Submit 5 Copies Appropriate District I
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 e Instructio

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., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. 30-039-20002 Marathon Oil Company Address Midland, Tx. 79702 0. Box 552 Reason(s) for Filing (Check proper box) Other (Please explain) New Well age in Transporter of Dry Gas Recompletion Oil Condensate Change in Operator Casinghead Gas If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Leam No. State, Federal or Fee Tribal #154 12 Basin Dakota Apache Location Feet From The North Line and \_ 800 -800 Feet From The East Unit Letter Line 5W Rio Arriba Section 33 Township 26N Range , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate [XX Gary-Williams Energy
Name of Authorized Transporter of Casinghead Gas Bloomfield, N.M. 0. Box 159 or Dry Gas XX Address (Give address to which approved copy of this form is to be sent) Midland, 79702 P. O. Box 552 Tx. Marathon OIl Company If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When? give location of tanks. 26N 1967 **I** 33 5W Yes Α If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well Oil Well New Well Workover Deepen Plug Back | Same Res'v Diff Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD SACKS CEMENT DEPTH SET HOLE SIZE CASING & TUBING SIZE 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.) Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test E depasize Length of Test Casing Pressure **Tubing Pressure** Actual Prod. During Test Oil - Bbls. WL 5 1990 **GAS WELL** MCON Gravity of Condensate Actual Prod. Test - MCF/D ength of Test Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above 9 1990 is true and complete to the best of my knowledge and belief. Date Approved lal Bill > w By. Signature SUPERVISOR DISTRICT #3 Production Superintendent Mark A. Printed Name

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

6-26-90

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

682-1626 Telephone No.

- 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.