NJ. OF COPIES RECEIVED			5	
DISTRIBUTION				
SANTA FE		1		
FILE		1		
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS			
OPERATOR		2		
•			. –	

DISTRIBUTION	NEW MEXICO OIL C	CONSERVATION COMMISSION Form C-104				
SANTA FE	1	FOR ALLOWABLE	Supersedes Old C-104 and C-116			
FILE		AND Effective 1-1-65				
U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND N	ATURAL GAS			
OIL						
TRANSPORTER GAS /						
OPERATOR 2				•		
Operator						
Marathon Oil C	ompany			·		
Address C C C C C C C C C C C C C C C C C C						
P. O. Box 2659 Reason(s) for filing (Check proper box		90				
New Well	Change in Transporter of:	Other (Please e	xplain)			
Recompletion	Oil Dry Ga	s X				
Change in Ownership	Casinghead Gas Conden	F				
If change of ownership give name and address of previous owner			· · · · · · · · · · · · · · · · · · ·			
•	:					
DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including Fo	ormation I	ind of Lease	1 Na 1		
Jicarilla Apache	19 O'Chacra			Tract 251 000154		
Location	113 Chacta			11 dcc 231 p00134		
Unit Letter B , 790	Feet From The North Lin	e and 1850	Feet From The	East		
-				<u> </u>		
Line of Section 28 Tou	waship 26N Range	5W , nmpm,	Rio Arriba	County		
		.				
DESIGNATION OF TRANSPOR' Name of Authorized Transporter of Otl	TER OF OIL AND NATURAL GA	S Address (Cive address to	bish swasoned soon	of this form is to be sent)		
None	or condensate	No Liquids Pro		of this form is to be sent)		
Name of Authorized Transporter of Car	singhead Gas or Dry Gas	•		of this form is to be sent)		
Northwest Pipeline Corp	•	P. O. Box 1526, Salt Lake City, UT 84110				
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected				
give location of tanks.	! NONE !	NO				
If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,					
Designate Type of Completic	on - (X) Oil Well Gas Well	New Well Workover	Deepen Plug B	ack Same Res'v, Diff. Res'v.		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	Р.В.Т.	<u> </u>		
8-23-77	11-5-77	3954	(16'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing			
6483' GL, 6494' KB	Chacra	3788'	36	22'		
Perforations	0.51	Depth Casing Shoe		-		
3788'-3800', 3878'-38				54'		
101 5 0175		CEMENTING RECORD				
12-1/4"	CASING & TUBING SIZE	2641	·	SACKS CEMENT		
7-7/8"	8-5/8", 24#, K-55 4-1/2", 10.5#, K-55	3953'		225 700		
1-1/3	2-3/8", 4.7#, J-55	3622		700		
	1			······		
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-						
OIL WELL	able for this de	pth or be for full 24 hours)				
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow,	oump, gas lift, etc.)			
Length of Test	Tubing Pressure	Casing Pressure	Chok	Size .		
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gal - M	- A 1 (1) 10 1		
		<u> </u>		OIL COM. COM.		
GAS WELL			· · · · · · · · · · · · · · · · · · ·	OIL DIST. 3		
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF		Condensate		
709	3 hrs	0				
Testing Method (pitot, back pr.)	Tubing Pressure (Shnt-in)	Casing Pressure (Shut-i	D) Choke	Size		
Back Pressure	995	1017		3/4"		
CERTIFICATE OF COMPLIAN	CE	OIL CO	NSERVATION	COMMISSION		
			APPROVED			
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	BY Original Signed by A. R. Kendrick .					
		TITLE				
			•			
B. E I Sester		This form is to be filed in compliance with RULE 1104.				
70000	If this is a reque	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				
District Operations Manager tests taken on the well in accordance with RULE 111.			ith RULE 111.			
All sections of this form must be filled out completely for able on new and recompleted wells.				led out completely for allow-		
December 12, 1977	†)	Fill out only Sections I, II, III, and VI for changes of owner,				
		,,				

(Date)

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