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

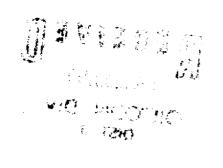
DISTRICT III			
1000 Rio Brazos	Rd., Aziec,	NM	87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator		O ITIAN	ISFC	JA I OIL	AND NA	TURAL	IAS	Well /	PI No.		·
Marathon OIl Company											
Address							30-039-22434				
P. O. Box 552	Mid	land, T	'n.	79702							
Reason(s) for Filing (Check proper box)	•				Oth	es (Please exp	olain)				
New Well Change in Transporter of:											
Recompletion	Oil		ry Gar	_							
Change in Operator	Casinghead	Gas C	onden	min 723							
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name			ool Na	me, Includi	ng Formation	···		Kind o	Lease	1/1	ase No.
Jicarilla Apache		16E		sin Dal							L #154
Location										·	
Unit Letter A	. :8	25 F	eet Fre	on The	Worth Lin	e and 95	5	Fe	et From The .	East	Line
·											
Section 34 Township	26N	R	ange	_ <u>5₩</u>	, N	мрм,	Ric) Ar	riba		County
III. DESIGNATION OF TRAN	SPADTED	OFOI	A NIT	NATE	DAT CAR						
Name of Authorized Transporter of Oil		or Condensat				e address to	vhich as	proved	copy of this f	orm is to be se	nt)
Gary-Williams Ener	av .		,	XX	1	Box 159	•	-		N.M. 8	· 1
Name of Authorized Transporter of Casing	head Gas	Of	r Dry (Gas XX						orm is to be se	
Marathon Oil Compa	ny				P. O.	Box 552		Mid	Land. Tx	79702	2
If well produces oil or liquids,	Unit !	Sec. T	wp.	Rge.	ls gas actuall	y connected?		When			
give location of tanks.	LA		6N_	5W	Yes				1982)	
If this production is commingled with that f	rom any other	r lease or po	ol, give	commingl	ing order num	ber: <u>//</u>	<u> 20</u>	<u>, \$76</u>	<u> </u>		
IV. COMPLETION DATA	,								· · · · · · · · · · · · · · · · · · ·	·	
Designate Type of Completion	· (X)	Oil Well	G	as Well	New Well	Workover	De	ерев	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl.	Ready to P	md.	-	Total Depth	<u> </u>			P.B.T.D.	l	_ <u></u>
									F.B.1.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Form	nation		Top Oil/Gas Pay Tubing Depth						
										I	
Perforations				Depth Casing Shoe							
									1		
		······			CEMENTI				,	···	
HOLE SIZE	CAS	NG & TUB	ING S	IZE		DEPTH SE	<u> </u>	···		SACKS CEMI	ENT
	ļ								 		
						··					
					- :-					····	
V. TEST DATA AND REQUES	T FOR A	LOWAR	ILE.				· ·		<u>. </u>		
OIL WELL (Test must be after re				il and must	be equal to or	exceed top a	llowable	for this	depth or be j	for full 24 hou	rs.)
Date First New Oil Run To Tank	Date of Test					ethod (Flow,)					
Length of Test	Tubing Press	PLTE.			Casing Press	in an	a 1	F R	See See	F IUI	
Actual Band Busine Total	<u> </u>				Water - Bbis		Ď)		Gas- MCF	<u> </u>	
Actual Prod. During Test	Oil - Bbls.				MATEL - DOIR	•	ΠII		5 199	n —	
	<u> </u>				L			JUL	1 3 133	<u> </u>	
GAS WELL Actual Prod. Test - MCF/D	Length of To				Bbls. Conder		• •	ar 1	Chic	DIA.	· . **:
Actual Front Test - MicF/D	Length of 1	24			Bots. Colors	I BEI (E) IATIALCI	O	HL >		A STATE OF THE PARTY OF THE PAR	
Testing Method (pitot, back pr.)	Tubing Pres	ure (Shut-in	5		Casing Press	ure (Shut-in)			DIST. 3		
		•	•			•				••	
VI OPERATOR CERTIFIC	ATE OF	COMPI	TAN	CE						·	
VI. OPERATOR CERTIFICATE OF COMPLIANCE			(OIL CO	NSE	RV	ATION	DIVISIO	N		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above			JUL 9 1 990								
is true and complete to the best of my knowledge and belief.			Date Approved								
<u>,</u>			ll '''								
In a fall				By_		۵	(المر	. The			
Signature Mark A. Zoller Production Superintendent											
Printed Name Title			H		_ _ • · ·	· • · ·		······································			
6-26-90	(915)				Title				······································	 	
Date		Teleph	one N	0.							
	→ →		-	-25			There	14	*		

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.



11.30