

P. O. BOX 20004

AN AIRCRAFT DELIVERED		
IDENTIFICATION		
BANK OF		
FILE		
IMAGE		
LAND OFFICE		
TRANSPORTED		THL
		GAE
OPERATION		

1. PRODUCTION OFFICE Operator Marathon Oil Company	
Address P.O. Box 2659, Casper, Wyoming 82602	
Reason(s) for Drilling (Check proper box) New Well ☐ Recompletion ☐ Change in Ownership ☒	Other (Please explain) Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner Husky Oil Company, 6060 South Willow Drive, Englewood, Colorado 80111

Lease Name Schwerdtfeger	Well No. 13	Pool Name, Including Formation W. Kutz Pictured Cliffs	Kind of Lease SF State, Federal or Fee 080382A Federal	Lease No.
Location				
Unit Letter C : 990 Feet From The North Line and 1650 Feet From The West				
Line of Section 5 Township 27N Range 11W NMPM. San Juan. County				

Name of Authorized Transporter of Oil ☐ or Condensate ☒					Address (Give address to which approved copy of this form is to be sent)	
Plateau, Incorporated					P.O. Box 489, Bloomfield, NM 87413	
Name of Authorized Transporter of Gaseous Gas ☐ or Dry Gas ☒					Address (Give address to which approved copy of this form is to be sent)	
El Paso					P.O. Box 990, Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	5	27N	11W		

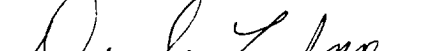
If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)		Oil well	Gas well	New well	Workover	Deepen	Plug Back	Same Res'y.	Diff. Res'y.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (D.F., R.A.B., R.T., G.R., etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			

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

Actual, Prod. Test-MMCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	tubing Pressure (Shut-in)	casing Pressure (Shut-in)	Choke Size

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


(Signature)
District Operations Manager
(Title)
June 28, 1984
(Date)

APPROVED JUL 12 1984, 1984
BY Frank J. [Signature]
TITLE SUPERVISOR DISTRICT # 3

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 change of owner, well name or number, or transportation or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.