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

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•		OTRA	NSP	ORI OIL	AND NA	UHAL GA	45 Wall A	PI No.			
Operator C.11 Common V								Well API No. 30-045-07411			
Marathon Oil Company Address							30 043 01411				
	and, Ta	x. 79	702								
leason(s) for Filing (Check proper box)			. ~-		Othe	(Please expla	ain)				
lew Well		Change in	Transp	orter of:							
Recompletion	Oil		Dry G								
Change in Operator	Casinghead	,	Conde								
change of operator give name											
nd address of previous operator											
I. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name		Well No.	i		ng Formation			of Lease <u>Federal</u> or Fed		ease No.	
Ohio Government		2	Ba	asin Dak	ota		3000,	Total G I W	NM-C	20498	
Location				_	_	00/	_		D4		
Unit Letter P	<u>: 890</u>		Feet F	From The $-\frac{\mathrm{S}}{\mathrm{S}}$	outh Lin	and990	<u>). </u>	et From The	East	Line	
15	20	NT.	_	. 11W			San Juan	ı		County	
Section 15 Township	28	IN .	Range	B TTW	, Ni	ирм,	Juli Juan			county	
II. DESIGNATION OF TRAN	CDADTE	D OF O	IT AR	ND NATH	DAL GAS						
Name of Authorized Transporter of Oil	SI OKIE	or Conden		[XX]	Address (Giv	address to w	hich approved	copy of this f	orm is to be se	unt)	
Gary-Williams Energy	, []			AA	P. O. I				, N.M. 8		
Name of Authorized Transporter of Casing			or Dr	y Gas \overline{x}		e address 10 w					
El Paso Natural Gas		□ □□		· · · · · · · ·	P. O. Bo				, N.M. 8		
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge	is gas actuali		When	7			
ive location of tanks.	P	15	281		Yes	3		1961			
this production is commingled with that	from any oth	er lease or	pool, g	rive comming	ling order num	ber:					
V. COMPLETION DATA						<u>,</u>		·····	 	C	
D 1 D	Ø.	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		<u>.l</u>			Total Depth	L		lacer-	J		
Date Spudded	Date Comp	pl. Ready to	o Prod.		Torn Debru			P.B.T.D.			
	 Na : : -				Top Oil/Gas	Pay		Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation							- maine arabai			
Perforations .					<u> </u>			Depth Casis	ng Shoe		
1 All 3 And aged Agents											
	1	TIRING	CAS	ING AND	CEMENTI	NG RECO	RD.				
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE					Ī	SACKS CEMENT				
HOLE SILE	<u> </u>										
	 		-								
	 				 						
	 										
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABL	E						_	
OIL WELL (Test must be after t	recovery of l	otal volume	of loa	d oil and mus	t be equal to o	exceed top at	llowable for th	is depth or be	for full 24 ho	urs.)	
Date First New Oil Run To Tank	Date of Te				Producing M	lethod (Flow, p	pump, gas lift,	etc.)			
					<u> </u>			Charle Cia			
Length of Test	Tubing Pr	SEENIG			Casing Pres	5 e s	EIV	Engle Size	•		
					ļ .	y E E	FI	F.			
Actual Prod. During Test	Oil - Bbls				Water - Bi	M .		TU			
						JUL	5 1990)			
GAS WELL								· :		1.	
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conde	DIME OF	ON. C) Vyy	Condendate	1	
					Casing Pressure (Shut-In DIST. 3 Choke Size					·	
Testing Method (pitot, back pr.)	Tubing Pr	ressure (Shu	ut-in)		Casing Pres	sure (Shut-la)	WI V	Choke Siz	e		
1		•			1				• 		
VI. OPERATOR CERTIFIC	ATF O	F COM	PI IA	ANCE		011 00	NOTE:	/ATION	DRVO	ON!	
I hereby certify that the rules and regu						OIL CO	NSERV	AHON	DIAIR	ON	
Division have been complied with and	that the infe	ormation gi	ven ab	ove			.1	UL 91	9 9U		
is true and complete to the best of my	knowledge	and belief.			Dat	e Approv	ed	<u> </u>			
-					Cal			. ~	1		
ma foll					D.		3.1) (H			
Signature		_		. 1	∥ By		SUPERI	ISOR DI	STRICT	13	
Mark A. Zoller P	<u>roducti</u>	on Sup		<u>ntenden</u> t			SUPERI	MOUN_UI			
Printed Name 6-26-90 (*	915) 68	32-1626	Tide	e	Title	ə					
	7177 00		lephon	e No		.*					
Date		1.6	hwa	- I TV-	11						

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.

