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., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	T	O TRANS	SPORT OIL	AND NA	TURAL GA					
Operator							Well API No.			
Marathon Oil Company							30-045-07285			
Address P. O. Box 552, Midlar	nd Toy:	as 7970	12							
Reason(s) for Filing (Check proper box)	id, lex	35 / 5/0)2	y Oth	x (Please expla	zin)				
New Well		Change in Tra	insporter of:		_					
Recompletion Oil Dry Gas Pool name change per Case No. 9421										
Change in Operator Casinghead Gas Condensate and Order No. R-8769										
If change of operator give name		-							-	
and address of previous operator	· · · · · ·									
II. DESCRIPTION OF WELL										
Lease Name	[Well No. Pool Name, Including Formation					Kind of Lease Lease No. State, Federal or Fee			
Ohio "B" Government 1 Kutz-Fruitland Sand West Location										
Unit Letter M : 1190 Feet From The South Line and 1190 Feet From The West Line										
Section 23 Township	28N	Ra	nge 11W	, NI	ирм,	San Ju	an		County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS										
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)										
None										
Name of Authorized Transporter of Casing									1	
El Paso Natural Gas (Box 499			NM 874	19	
If well produces oil or liquids, give location of tanks.		Sec. Tv		is gas actually		When	7			
	M	23 1	28 1 11		<u> </u>		 –			
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA										
TV. COM BBION BILL		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	· (X)	İ	i .		<u>_</u>	i	<u> </u>	<u>l</u>	<u> </u>	
Date Spudded	Date Compl	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
The state of the s				Top Oil/Gas Pay Tubing Depth						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top On Oat 7			Tubing Dep	Tubing Deput		
Perforations							Depth Casin	g Shoe		
TUBING, CASING AND (
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
								<u>.</u>		
							 	 		
				·	 -					
V. TEST DATA AND REQUES	T FOR A	LLOWAB	LE	·						
OIL WELL (Test must be after re	covery of total	al volume of l	oad oil and must	be equal to or	exceed top allo	owable for the	s depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test				sthod (Flow, pi					
					P A 2		Cheke Size			
Length of Test	Tubing Pres	sure		Casin			Choice Size			
Actual Prod. During Test	Oil - Bbls.			Water Dis			GE- MCF			
Actual Frod. During Test	Ou - Bois.				DEC12	1990				
CACWELL	1					-				
GAS WELL Actual Prod. Test - MCF/D Length of Test				Bbls, Corporation MINGE			Gravity of C	Condensate	<u> </u>	
Paris I ou - Marie	Longer of You			Dist. 3						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)					
VL OPERATOR CERTIFIC	ATE OF	COMPLI	IANCE			10551	ATION		NA I	
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above								4000		
is true and complete to the best of my knowledge and belief.				Date ApprovedDEC 1 2 1990						
				 				4		
Signature				By						
<u> Čarl A. Bagwell, Engineering Technician</u>				Title SUPERVISOR DISTRICT 12						
Printed Name Title 12-7-90 (915) 682-1626				Title		SUPE	ANISON D	ISTRICT	12	
12-7-90 Date	(91	<u>5) 682</u> Telepho								
		. seepan		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.